

**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

Piccinini 4 Congress

ADDRESS (number and street)

P.O. Box 602

Check if different
than previously
reported. (ACC)

Oakley

CA

94561

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00845438

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

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
04 / 01 / 2025

through

M M / D D / Y Y Y Y
06 / 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

Piccinini, Katherine, , ,

Signature of Treasurer

Piccinini, Katherine, , ,

Date

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

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Piccinini 4 Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2095.00	2804.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	22.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2095.00	2782.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	513.17	3695.43
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	6.02
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	513.17	3689.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	3407.08	
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)	6345.84	

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

Piccinini 4 Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2025

To:

M M / D D / Y Y Y Y
06 / 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).....

2000.00

2146.00

(ii) Unitemized

95.00

658.00

(iii) TOTAL of contributions
from individuals ▶

2095.00

2804.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

2095.00

2804.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

6.02

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)..... ▶

2095.00

2810.02

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.....	513.17	3695.43
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	22.00
(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	22.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	513.17	3717.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1825.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2095.00
25. SUBTOTAL (add Line 23 and Line 24).....	3920.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	513.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3407.08

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 20

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Burroughs, Robert, , ,

A.

Mailing Address 650 La Vista Rd

City

Walnut Creek

State

CA

Zip Code

94598

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2292.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 17 2025

Transaction ID : SA11AI.5249

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

2000.00

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

PAGE 6 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4270

Piccinini 4 Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Piccinini, Katherine, , ,

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

310.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

310.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 01 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

310.00

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

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

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

PAGE 7 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4385

Piccinini 4 Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Piccinini, Katherine, , ,

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

502.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

502.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 02 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

502.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4385

Interest rate is zero

Form/Schedule:

Transaction ID:

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

PAGE 9 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4386

Piccinini 4 Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Piccinini, Katherine, , ,

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 23 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4386

Interest rate is zero

Form/Schedule:

Transaction ID:

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

PAGE 11 OF 20

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4957

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 09 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500.00

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

2312.00

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

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

PAGE 12 OF 20

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Feb 15 to Mar 31 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

260.65

Transaction ID : SD10.4480

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

260.65

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

APRIL TRAVEL EXPENSE

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

139.50

Transaction ID : SD10.4510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

139.50

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May Travel expense

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

262.24

Transaction ID : SD10.4576

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.24

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

662.39

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Conference GOP Meals

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

147.47

Transaction ID : SD10.4577

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.47

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May conf parking / postage

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

195.00

Transaction ID : SD10.4578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

195.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

June Travel Expense

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

259.86

Transaction ID : SD10.4649

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

259.86

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

602.33

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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

PAGE 14 OF 20

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

July 2024 Travel Expense mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

373.10

Transaction ID : SD10.4780

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

373.10

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel Mileage Expense AUGUST 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

364.28

Transaction ID : SD10.4890

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.28

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel expense September

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

302.56

Transaction ID : SD10.4986

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

302.56

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

1039.94

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

319.57

Transaction ID : SD10.5048

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

319.57

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meal at Overpass rally parade

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

38.17

Transaction ID : SD10.5123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.17

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Oct 17-31 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

313.14

Transaction ID : SD10.5124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.14

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

670.88

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

TRAVEL MILEAGE NOV 1 - 25TH

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

178.90

Transaction ID : SD10.5153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

178.90

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

DECEMBER MILEAGE

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

54.00

Transaction ID : SD10.5171

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

MILEAGE JANAURY 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

27.00

Transaction ID : SD10.5203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.00

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

259.90

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

FEE FOR X POSTINGS

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

22.00

Transaction ID : SD10.5204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage February 2025

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

18.00

Transaction ID : SD10.5210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X posting

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

51.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

mileage March 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

133.80

Transaction ID : SD10.5219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

133.80

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meals at convention CAGOP

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

197.75

Transaction ID : SD10.5220

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.75

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly X platform

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

342.55

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 19 OF 20

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense April 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5261

Amount Incurred This Period

37.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly platform X

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5262

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5263

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

59.00

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

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

PAGE 20 OF 20

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage expense May 2025

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5264

Amount Incurred This Period

215.27

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.27

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense June 2025

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5265

Amount Incurred This Period

119.58

Payment This Period

0.00

Outstanding Balance at Close of This Period

119.58

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5266

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

345.85

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

4033.84

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

2312.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

6345.84