

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Shannon Lundgren for Iowa

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 25 / 2026

| | 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)) | 8284.26 | 91759.20 |
| (b) Total Contribution Refunds (from Line 20(d)) | 8500.00 | 8500.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | - 215.74 | 83259.20 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 52830.33 | 83259.20 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 52830.33 | 83259.20 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | | |
| | 0.00 | |
| 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) | | |
| | 0.00 | |

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

Shannon Lundgren for Iowa

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)..... | - 1190.72 | 61884.19 |
| (ii) Unitemized..... | - 74.87 | 7825.16 |
| (iii) TOTAL of contributions from individuals ▶ | - 1265.59 | 69709.35 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 12500.00 |
| (d) The Candidate..... | 9549.85 | 9549.85 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 8284.26 | 91759.20 |
| 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 | 0.00 |
| 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)..... ▶ | 8284.26 | 91759.20 |

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..... | 52830.33 | 83259.20 |
| 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 | 3500.00 | 3500.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 5000.00 | 5000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 8500.00 | 8500.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 61330.33 | 91759.20 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 53046.07 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 8284.26 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 61330.33 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 61330.33 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 0.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 20
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

A. Full Name (Last, First, Middle Initial)
ROBINSON, KAYNE, , ,

Mailing Address 2440 F15 BLVD
BOX 75

City MARENGO State IA Zip Code 52301-8763

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

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
01 / 09 / 2026

Transaction ID : SA11A.148

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
26513.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : SA11C.150

Amount of Each Receipt this Period
713.10

Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

C. Full Name (Last, First, Middle Initial)
PIOTROWSKI, GARRY, , ,

Mailing Address 358 LEZLIE DR

City PEOSTA State IA Zip Code 52068-

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
HORMEL FOODS SUPERVISOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
255.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : SA11A.152

Amount of Each Receipt this Period
62.46

Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 1062.46

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 20 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

A. Full Name (Last, First, Middle Initial)
SIEVERDING, KARAN, , ,

Mailing Address 13221 GRAF RD

City DURANGO State IA Zip Code 52039-9454

FEC ID number of contributing federal political committee. C

Name of Employer DUPACO Occupation MARKETING

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 12 / 2026

Transaction ID : SA11A.151

Amount of Each Receipt this Period
520.51

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203-1665

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
26513.04

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2026

Transaction ID : SA11C.156

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

C. Full Name (Last, First, Middle Initial)
PATRICK, CHRIS, , ,

Mailing Address 1888 CREEK WOOD DR

City DUBUQUE State IA Zip Code 52003-7605

FEC ID number of contributing federal political committee. C

Name of Employer COTTINGHAM BUTLER Occupation INSURANCE BROKER

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
01 / 19 / 2026

Transaction ID : SA11A.157

Amount of Each Receipt this Period
1000.00

Memo Item
CONTRIBUTION
EARMARKED FROM WINRED

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... ▶ | 1520.51 |
| 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: PAGE 7 OF 20
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

A. Full Name (Last, First, Middle Initial)
DUGGAN, TARA, , ,
Mailing Address 11082 ENGLISH MILL
City DUBUQUE State IA Zip Code 52003-
FEC ID number of contributing federal political committee. C
Name of Employer MCDERMOTT EXCAVATING Occupation OWNER
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
02 / 24 / 2026
Transaction ID : SA11A.164
Amount of Each Receipt this Period
- 3500.00
 Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
TAYLOR, RANDI, , ,
Mailing Address 8006 SOUTHERN HILLS CIRCLE
City DUBUQUE State IA Zip Code 52003-8979
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation INSURANCE
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
02 / 24 / 2026
Transaction ID : SA11A.162
Amount of Each Receipt this Period
- 130.13
 Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
TAYLOR, RANDI, , ,
Mailing Address 8006 SOUTHERN HILLS CIRCLE
City DUBUQUE State IA Zip Code 52003-8979
FEC ID number of contributing federal political committee. C
Name of Employer SELF Occupation INSURANCE
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
02 / 24 / 2026
Transaction ID : SA11A.163
Amount of Each Receipt this Period
- 143.56
 Memo Item
CONTRIBUTION
EARMARKED BY WINRED - CHARGED BACK

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | - 3773.69 |
| TOTAL This Period (last page this line number only).....▶ | - 1190.72 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 20
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

A. Full Name (Last, First, Middle Initial)
LUNDGREN, SHANNON, , ,

Mailing Address PO BOX 127

City PEOSTA State IA Zip Code 52068

FEC ID number of contributing federal political committee. **C** C00921494

Name of Employer CANDIDATE Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9549.85

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 09 / 2026

Transaction ID : SA11D.1

Amount of Each Receipt this Period
9549.85

Memo Item
IN KIND-MILEAGE/PRINITNG/POSTAGE

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)..... ▶

9549.85

9549.85

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 20 | |
| | <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)
Shannon Lundgren for Iowa

A. CMDI

Full Name (Last, First, Middle Initial)

Mailing Address 1593 SPRING HILL RD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement DATABASE MANAGEMENT/BATCHING & CAGING SVC

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.10000

Memo Item

B. HUBSPOT

Full Name (Last, First, Middle Initial)

Mailing Address 2 CANAL PARK

City CAMBRIDGE State MA Zip Code 02141

Purpose of Disbursement WEB SVC/SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 108.00

Transaction ID : SB17.10001

Memo Item

C. INTUIT

Full Name (Last, First, Middle Initial)

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 123.05

Transaction ID : SB17.10002

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 631.05

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 20 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. MAILCHIMP | | M M / D D / Y Y Y Y 01 / 12 / 2026 |
| Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000 | | FEC Identification Number |
| City ATLANTA | State GA | Zip Code 30308 |
| Purpose of Disbursement WEB SERVICE/SUBSCRIPTION | | Category/ Type |
| Candidate Name | | |
| Office Sought: | Disbursement For: | Amount of Each Disbursement this Period |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 14.40 |
| State: District: | | Transaction ID : SB17.10005 |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. WINRED | | M M / D D / Y Y Y Y 01 / 12 / 2026 |
| Mailing Address PO BOX 9891 | | FEC Identification Number |
| City ARLINGTON | State VA | Zip Code 22219 |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/ Type |
| Candidate Name | | |
| Office Sought: | Disbursement For: | Amount of Each Disbursement this Period |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 28.10 |
| State: District: | | Transaction ID : SB17.10003 |
| | | <input type="checkbox"/> Memo Item |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. CHAIN BRIDGE BANK | | M M / D D / Y Y Y Y 01 / 14 / 2026 |
| Mailing Address 1445-A LAUGHLIN AVE | | FEC Identification Number |
| City MCLEAN | State VA | Zip Code 22101 |
| Purpose of Disbursement BANK FEE | | Category/ Type |
| Candidate Name | | |
| Office Sought: | Disbursement For: | Amount of Each Disbursement this Period |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 12.00 |
| State: District: | | Transaction ID : SB17.10004 |
| | | <input type="checkbox"/> Memo Item |

| | |
|--|-------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 54.50 |
| 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 Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 20 | | | |
| | <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)
Shannon Lundgren for Iowa

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOFF, TRAVIS, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026 | | |
| Mailing Address PO BOX 127 | | | FEC Identification Number C | | |
| City PEOSTA | State IA | Zip Code 52068 | Amount of Each Disbursement this Period 2750.00 | | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type | Transaction ID : SB17.10006 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. WINRED | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2026 | | |
| Mailing Address PO BOX 9891 | | | FEC Identification Number C | | |
| City ARLINGTON | State VA | Zip Code 22219 | Amount of Each Disbursement this Period 39.40 | | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEE | | Category/ Type | Transaction ID : SB17.10007 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOFF, TRAVIS, , , | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2026 | | |
| Mailing Address PO BOX 127 | | | FEC Identification Number C | | |
| City PEOSTA | State IA | Zip Code 52068 | Amount of Each Disbursement this Period 758.06 | | |
| Purpose of Disbursement MILEAGE | | Category/ Type | Transaction ID : SB17.10008 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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).....▶ | 3547.46 |
| 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 12 OF 20 | |
| | <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)
Shannon Lundgren for Iowa

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026 |
| Mailing Address 1445-A LAUGHLIN AVE | | FEC Identification Number C |
| City MCLEAN | State VA | Zip Code 22101 |
| Purpose of Disbursement BANK FEE | | Amount of Each Disbursement this Period 25.00 |
| Candidate Name | | Transaction ID : SB17.10012 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DICKINSON WRIGHT | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026 |
| Mailing Address 2600 W BIG BEAVER SUITE 300 | | FEC Identification Number C |
| City TROY | State MI | Zip Code 48084 |
| Purpose of Disbursement LEGAL CONSULTING | | Amount of Each Disbursement this Period 5935.50 |
| Candidate Name | | Transaction ID : SB17.10011 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. LW GILLIS & CO | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026 |
| Mailing Address 822 LEIGH MILL RD | | FEC Identification Number C |
| City GREAT FALLS | State VA | Zip Code 22066 |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Amount of Each Disbursement this Period 12500.00 |
| Candidate Name | | Transaction ID : SB17.10009 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 18460.50 |
| 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 Page | FOR LINE NUMBER: (check only one) | | PAGE 13 OF 20 | |
| | <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)
Shannon Lundgren for Iowa

A. RIGHTSIDE COMPLIANCE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 7500.00

Transaction ID : SB17.10010

Memo Item

B. WINRED

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.94

Transaction ID : SB17.10013

Memo Item

C. CHRISTOFF, TRAVIS, , ,

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 127

City PEOSTA State IA Zip Code 52068

Purpose of Disbursement POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2750.00

Transaction ID : SB17.10014

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 10253.94

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 14 OF 20 | |
| | <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)
Shannon Lundgren for Iowa

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. CMDI | | M M / D D / Y Y Y Y 02 / 04 / 2026 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | FEC Identification Number |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement DATABASE MANAGEMENT/BATCHING & CAGING SVC | | <input type="checkbox"/> Category/Type |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.10015 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. INTUIT | | M M / D D / Y Y Y Y 02 / 09 / 2026 |
| Mailing Address 2700 COAST AVE | | FEC Identification Number |
| City MOUNTAIN VIEW | State CA | Zip Code 94043 |
| Purpose of Disbursement SUBSCRIPTION | | <input type="checkbox"/> Category/Type |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.10016 | |
| | | <input type="checkbox"/> Memo Item |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. MAILCHIMP | | M M / D D / Y Y Y Y 02 / 12 / 2026 |
| Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000 | | FEC Identification Number |
| City ATLANTA | State GA | Zip Code 30308 |
| Purpose of Disbursement WEB SERVICE/SUBSCRIPTION | | <input type="checkbox"/> Category/Type |
| Candidate Name | | Amount of Each Disbursement this Period |
| 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: | Transaction ID : SB17.10017 | |
| | | <input type="checkbox"/> Memo Item |

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|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 544.45 |
| 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 15 OF 20 | | | |
| | <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)
Shannon Lundgren for Iowa

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOFF, TRAVIS, , , | | | Date of Disbursement MM / DD / YYYY 02 / 13 / 2026 | | |
| Mailing Address PO BOX 127 | | | FEC Identification Number C | | |
| City PEOSTA | State IA | Zip Code 52068 | Amount of Each Disbursement this Period 2750.00 | | |
| Purpose of Disbursement POLITICAL STRATEGY CONSULTING | | Category/ Type | Transaction ID : SB17.10018 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) B. RIGHTSIDE COMPLIANCE | | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2026 | | |
| Mailing Address PO BOX 341027 | | | FEC Identification Number C | | |
| City AUSTIN | State TX | Zip Code 78734 | Amount of Each Disbursement this Period 2950.00 | | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Category/ Type | Transaction ID : SB17.10019 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

| | | | | | |
|---|--|------------------------------------|--|--|--|
| Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK | | | Date of Disbursement MM / DD / YYYY 02 / 27 / 2026 | | |
| Mailing Address 1445-A LAUGHLIN AVE | | | FEC Identification Number C | | |
| City MCLEAN | State VA | Zip Code 22101 | Amount of Each Disbursement this Period 14.00 | | |
| Purpose of Disbursement BANK FEE | | Category/ Type | Transaction ID : SB17.10020 | | |
| Candidate Name | | <input type="checkbox"/> Memo Item | | | |
| 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: | | | | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5714.00 |
| 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 16 OF 20 | |
| | <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)
Shannon Lundgren for Iowa

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement MM / DD / YYYY 03 / 04 / 2026 |
| Mailing Address 1593 SPRING HILL RD SUITE 400 | | FEC Identification Number C |
| City TYSONS CORNER | State VA | Zip Code 22182 |
| Purpose of Disbursement DATABASE MANAGEMENT/BATCHING & CAGING SVC | | Amount of Each Disbursement this Period 400.00 |
| Candidate Name | | Transaction ID : SB17.10021 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. LUNDGREN, SHANNON, , , | | Date of Disbursement MM / DD / YYYY 03 / 09 / 2026 |
| Mailing Address PO BOX 127 | | FEC Identification Number C C00921494 |
| City PEOSTA | State IA | Zip Code 52068 |
| Purpose of Disbursement IN KIND-MILEAGE/PRINITNG/POSTAGE | | Amount of Each Disbursement this Period 9549.85 |
| Candidate Name LUNDGREN, SHANNON, , , | | Transaction ID : SB17.I2 |
| Office Sought: <input checked="" 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) ▼ | <input type="checkbox"/> Memo Item |
| State: IA District: 02 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. DICKINSON WRIGHT | | Date of Disbursement MM / DD / YYYY 03 / 09 / 2026 |
| Mailing Address 2600 W BIG BEAVER SUITE 300 | | FEC Identification Number C |
| City TROY | State MI | Zip Code 48084 |
| Purpose of Disbursement LEGAL CONSULTING | | Amount of Each Disbursement this Period 1276.50 |
| Candidate Name | | Transaction ID : SB17.10023 |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

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|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 11226.35 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 17 OF 20 | |
| | <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)
Shannon Lundgren for Iowa

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 123.05

Transaction ID : SB17.10024

Memo Item

Full Name (Last, First, Middle Initial)

B. RIGHTSIDE COMPLIANCE

Mailing Address PO BOX 341027

City AUSTIN State TX Zip Code 78734

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 690.00

Transaction ID : SB17.10022

Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE
SUITE 5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement WEB SERVICE/SUBSCRIPTION

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 21.40

Transaction ID : SB17.10025

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 834.45

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 18 OF 20 | | | |
| | <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)
Shannon Lundgren for Iowa

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. CREATIVE DIRECT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2026 |
| Mailing Address PO BOX 6654 | | FEC Identification Number C |
| City RICHMOND | State VA | Zip Code 23230 |
| Purpose of Disbursement MEDIA | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period 1563.63 | |
| 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) ▼ | Transaction ID : SB17.10026 |
| State: District: | <input type="checkbox"/> Memo Item | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement M M / D D / Y Y Y Y |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period | |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| 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 |
| Purpose of Disbursement | Category/Type | |
| Candidate Name | Amount of Each Disbursement this Period | |
| 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) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1563.63 |
| TOTAL This Period (last page this line number only).....▶ | 52830.33 |

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. HAGENSON, PETER, , , | | Date of Disbursement MM / DD / YYYY 02 / 23 / 2026 |
| Mailing Address 22555 FINLEYS LANDING RD PO BOX 52 | | FEC Identification Number C |
| City SHERRILL | State IA | Zip Code 52703 |
| Purpose of Disbursement CONTRIBUTION REFUND | | Amount of Each Disbursement this Period 3500.00 |
| Candidate Name | | Transaction ID : SB20.2001 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| 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: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | FEC Identification Number C |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| Candidate Name | | <input type="checkbox"/> Memo Item |
| 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: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3500.00 |
| TOTAL This Period (last page this line number only).....▶ | 3500.00 |

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 20 OF 20 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Shannon Lundgren for Iowa

Full Name (Last, First, Middle Initial)

A. VALUE IN ELECTING WOMEN

Mailing Address 228 S WASHINGTON ST
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 5000.00

Transaction ID : SB20.2000

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5000.00 |
| TOTAL This Period (last page this line number only).....▶ | 5000.00 |