

**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.

1 2 F E 4 M 5

Jared Moskowitz for Congress

ADDRESS (number and street)

PO BOX 8784



Check if different than previously reported. (ACC)

CORAL SPRINGS

FL

33065

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00807628

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

FL

23

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

11

D D / Y Y Y Y

26

Y Y Y Y

2024

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2024

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 Kyriacopoulos, Janica, , ,

Signature of Treasurer

Kyriacopoulos, Janica, , ,

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

31

Y Y Y Y

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

Jared Moskowitz for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 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))	8223.76	12135.12
(b) Total Contribution Refunds (from Line 20(d))	316.00	416.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7907.76	11719.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	48599.37	215646.68
(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))	48599.37	215646.68
8. Cash on Hand at Close of Reporting Period (from Line 27)	349189.50	
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)	115700.00	

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

Jared Moskowitz for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024**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).....

955.00

1680.00

(ii) Unitemized

6268.76

9455.12

(iii) TOTAL of contributions
from individuals ▶

7223.76

11135.12

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

1000.00

1000.00

(d) The Candidate

0.00

0.00

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

8223.76

12135.12

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)..... ▶

8223.76

12135.12

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.....	48599.37	215646.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5000.00	5000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5000.00	5000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	316.00	416.00
(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)).....	316.00	416.00
21. OTHER DISBURSEMENTS	1450.00	4350.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	55365.37	225412.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	396331.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8223.76
25. SUBTOTAL (add Line 23 and Line 24).....	404554.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	55365.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	349189.50

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

PAGE 5 OF 37

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

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)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

Kieffer, Justin, , ,

A.

Mailing Address 201 E Jefferson St

City

Falls Church

State

VA

Zip Code

22046-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Architect Of The Capitol

Occupation

Government

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	2	4

Transaction ID : 8603210

Amount of Each Receipt this Period

150.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : 8603210E

Amount of Each Receipt this Period

150.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Markison, Ken, , ,

C.

Mailing Address 4825 Chevy Chase Blvd

City

Chevy Chase

State

MD

Zip Code

20815-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Weiner Brodsky Kider

Occupation

Attorney

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	2	4

Transaction ID : 8598801

Amount of Each Receipt this Period

250.00

☐ Memo Item

* Earmarked Contribution: See Below

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

400.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M M / D D / Y Y Y Y
12 16 2024

Transaction ID : 8598801E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)

Phillips, JoEllen, , ,

Mailing Address 745 Barbara St

City

Palm Harbor

State

FL

Zip Code

34684-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not Employed

Not Employed

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
11 27 2024

Transaction ID : 8598614

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M M / D D / Y Y Y Y
12 02 2024

Transaction ID : 8598614E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

100.00

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

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

Phillips, JoEllen, , ,

A.

Mailing Address 745 Barbara St

City

Palm Harbor

State

FL

Zip Code

34684-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2024			

Transaction ID : 8603171

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2024			

Transaction ID : 8603171E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

C.

Full Name (Last, First, Middle Initial)

Phillips, JoEllen, , ,

Mailing Address 745 Barbara St

City

Palm Harbor

State

FL

Zip Code

34684-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2024			

Transaction ID : 8603247

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

125.00

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

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

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : 8603247E

Amount of Each Receipt this Period

25.00



Memo Item

Note: Above Contribution earmarked through this organization.

B.

Full Name (Last, First, Middle Initial)

Phillips, JoEllen, , ,

Mailing Address 745 Barbara St

City

Palm Harbor

State

FL

Zip Code

34684-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not Employed

Not Employed

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

Transaction ID : 8603277

Amount of Each Receipt this Period

100.00



Memo Item

* Earmarked Contribution: See Below

C.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

Transaction ID : 8603277E

Amount of Each Receipt this Period

100.00



Memo Item

Note: Above Contribution earmarked through this organization.

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

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

100.00

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

PAGE 9 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

Phillips, JoEllen, , ,

A. Mailing Address 745 Barbara StCity
Palm HarborState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.

C

Name of Employer
Not EmployedOccupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			27			2024			

Transaction ID : 8603307

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

B. Mailing Address PO Box 441146City
West SomervilleState
MAZip Code
02144-0031FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation
Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			30			2024			

Transaction ID : 8603307E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Smith, David, , ,

C. Mailing Address 33 Sovereign WayCity
Hutchinson IslandState
FLZip Code
34949-8360FEC ID number of contributing
federal political committee.

C

Name of Employer
Not EmployedOccupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

135.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2024			

Transaction ID : 8598653

Amount of Each Receipt this Period

25.00

☐ Memo Item

* Earmarked Contribution: See Below

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

125.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M M / D D / Y Y Y Y
12 02 2024

Transaction ID : 8598653E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Smith, David, , ,

B.

Mailing Address 33 Sovereign Way

City

Hutchinson Island

State

FL

Zip Code

34949-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Not Employed

Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
12 20 2024

Transaction ID : 8603205

Amount of Each Receipt this Period

5.00

☐ Memo Item

* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

C.

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M M / D D / Y Y Y Y
12 23 2024

Transaction ID : 8603205E

Amount of Each Receipt this Period

5.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

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

5.00

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

PAGE 11 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

Smith, David, , ,

A.

Mailing Address 33 Sovereign Way

City

Hutchinson Island

State

FL

Zip Code

34949-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2024			

Transaction ID : 8603268

Amount of Each Receipt this Period

100.00

☐ Memo Item

* Earmarked Contribution: See Below

B.

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address PO Box 441146

City

West Somerville

State

MA

Zip Code

02144-0031

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7223.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2024			

Transaction ID : 8603268E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

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

Amount of Each Receipt this Period

☐ Memo Item

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

100.00

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

955.00

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

PAGE 12 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

GULF STATES TOYOTA INC FEDERAL POLITICAL ACTION COMMITTEE

A.

Mailing Address 1375 Enclave Pkwy

City
HoustonState
TXZip Code
77077-2026FEC ID number of contributing
federal political committee.

C C00349373

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 30 2024

Transaction ID : 8604202

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 13 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	2	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

64.36

Transaction ID : 500431907

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

18.37

Transaction ID : 500431908

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

44.19

Transaction ID : 500431909

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

126.92

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

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

PAGE 14 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

64.83

Transaction ID : 500431910

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

62.37

Transaction ID : 500431911

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical ServicesMailing Address 14 Arrow St
Ste 11City
CambridgeState
MAZip Code
02138-5106Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

20.29

Transaction ID : 500431912

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

147.49

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

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

PAGE 15 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City
WashingtonState
DCZip Code
20006-1202

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

422.25

Transaction ID : 500430355

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
WashingtonState
DCZip Code
20006-1202

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

312.50

Transaction ID : 500430356

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. American Airlines

Mailing Address PO Box 619616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
Dfw AirportState
TXZip Code
75261-9616

FEC Identification Number

C

Purpose of Disbursement
Travel Expenses

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

362.48

Transaction ID : 500430357

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1097.23

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

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

PAGE 16 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address PO Box 619616

City
Dfw AirportState
TXZip Code
75261-9616Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : 500430358

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address PO Box 619616

City
Dfw AirportState
TXZip Code
75261-9616Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		18		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

59.95

Transaction ID : 500430359

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American ExpressMailing Address 200 Vesey St
NY102City
New YorkState
NYZip Code
10285-1000Purpose of Disbursement
Credit Card Payment - See Below if Itemized

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

5299.90

Transaction ID : 500430360

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

5409.80

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

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

PAGE 17 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. AMBAR

Mailing Address 523 8Th St SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
WashingtonState
DCZip Code
20003-2835

FEC Identification Number

C

Purpose of Disbursement
Event Catering

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

415.76

Transaction ID : 500431905

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. House Gift Shop

Mailing Address LONGWORTH BUILDING BASEMENT LEVEL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
WashingtonState
DCZip Code
20515-0001

FEC Identification Number

C

Purpose of Disbursement
Supporter Gifts

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

447.90

Transaction ID : 500431904

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. JetBlue

Mailing Address 2701 Queens Plz N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
Long Island CityState
NYZip Code
11101-4020

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

788.20

Transaction ID : 500431901

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 18 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Ke-Uh

Mailing Address 5250 Town Center Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
Boca RatonState
FLZip Code
33486-1067

FEC Identification Number

C

Purpose of Disbursement
Event Catering

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

378.46

Transaction ID : 500431897

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. NGP VAN, Inc.Mailing Address 655 15Th St NW
Ste 650

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
WashingtonState
DCZip Code
20005-5738

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1400.00

Transaction ID : 500431870

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Osteria Morini

Mailing Address 301 Water St SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2024

City
WashingtonState
DCZip Code
20003-3734

FEC Identification Number

C

Purpose of Disbursement
Meeting Food & Beverage

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

239.10

Transaction ID : 500431898

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 19 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Shoto DC

Mailing Address 1100 15Th St NW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	2	4

City
WashingtonState
DCZip Code
20005-1707

FEC Identification Number

C

Purpose of Disbursement
Event Catering

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

297.00

Transaction ID : 500431900

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. UberMailing Address 1455 Market St
Ste 400

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	2	4

City
San FranciscoState
CAZip Code
94103-1355

FEC Identification Number

C

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

549.90

Transaction ID : 500431879

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 Lenfant Plz SW

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	2	4

City
WashingtonState
DCZip Code
20260-0004

FEC Identification Number

C

Purpose of Disbursement
Postage & Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : 500431868

☒ Memo Item *

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 20 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Cintron, Morgan, , ,

Mailing Address 1307 Myrtlewood Cir E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City
Palm Beach GardensState
FLZip Code
33418-6712

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1066.79

Transaction ID : 500430384

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Cintron, Morgan, , ,

Mailing Address 1307 Myrtlewood Cir E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2024

City
Palm Beach GardensState
FLZip Code
33418-6712

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1066.77

Transaction ID : 500430385

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Cintron, Morgan, , ,

Mailing Address 1307 Myrtlewood Cir E

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
Palm Beach GardensState
FLZip Code
33418-6712

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2341.73

Transaction ID : 500430386

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

4475.29

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

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

PAGE 21 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Cintron, Morgan, , ,

Mailing Address 1307 Myrtlewood Cir E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

City
Palm Beach GardensState
FLZip Code
33418-6712

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1066.78

Transaction ID : 500430387

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Dolberg, Andrew, Scott, ,

Mailing Address 1186 NW 108Th Ter

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	2	4

City
PlantationState
FLZip Code
33322-7823

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1955.31

Transaction ID : 500430361

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Dolberg, Andrew, Scott, ,

Mailing Address 1186 NW 108Th Ter

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	2	4

City
PlantationState
FLZip Code
33322-7823

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1955.29

Transaction ID : 500430362

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

4977.38

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

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

PAGE 22 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Dolberg, Andrew, Scott, ,

Mailing Address 1186 NW 108Th Ter

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
PlantationState
FLZip Code
33322-7823Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

5691.65

Transaction ID : 500430363

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dolberg, Andrew, Scott, ,

Mailing Address 1186 NW 108Th Ter

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
PlantationState
FLZip Code
33322-7823Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1955.30

Transaction ID : 500430364

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edelson, Brandey, , ,

Mailing Address 7553 Texas Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City
Boca RatonState
FLZip Code
33487-1421Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

747.07

Transaction ID : 500430365

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

8394.02

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

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

PAGE 24 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

128.00

Transaction ID : 500430373

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2024

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

949.40

Transaction ID : 500430374

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2024

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3269.87

Transaction ID : 500430375

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

4347.27

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

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

PAGE 25 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

949.32

Transaction ID : 500430376

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. House Gift Shop

Mailing Address LONGWORTH BUILDING BASEMENT LEVEL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2024

City
WashingtonState
DCZip Code
20515-0001

FEC Identification Number

C

Purpose of Disbursement
Supporter Gifts

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

122.25

Transaction ID : 500430378

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. InvariantMailing Address 740 15Th St NW
FI 5

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		12		2024

City
WashingtonState
DCZip Code
20005-1035

FEC Identification Number

C

Purpose of Disbursement
Event Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

225.00

Transaction ID : 500430434

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1296.57

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

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

PAGE 26 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Liftoff Campaigns LLC

Mailing Address 403 E Melbourne Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2024

City
Silver SpringState
MDZip Code
20901-3627

FEC Identification Number

C

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6000.00

Transaction ID : 500430383

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Livello

Mailing Address 2047 N University Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		19		2024

City
Coral SpringsState
FLZip Code
33071-6132

FEC Identification Number

C

Purpose of Disbursement
Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

253.45

Transaction ID : 500430436

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Nagy, Keith, , ,Mailing Address 2250 Clarendon Blvd
Apt 1601

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City
ArlingtonState
VAZip Code
22201-3345

FEC Identification Number

C

Purpose of Disbursement
Payroll Expenses

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

269.36

Transaction ID : 500430380

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

6522.81

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

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

PAGE 27 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Nagy, Keith, , ,Mailing Address 2250 Clarendon Blvd
Apt 1601City
ArlingtonState
VAZip Code
22201-3345Purpose of Disbursement
Payroll Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

269.35

Transaction ID : 500430381

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nagy, Keith, , ,Mailing Address 2250 Clarendon Blvd
Apt 1601City
ArlingtonState
VAZip Code
22201-3345Purpose of Disbursement
Payroll Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

269.36

Transaction ID : 500430382

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. PCMS, LLCMailing Address 910 17Th St NW
Ste 925City
WashingtonState
DCZip Code
20006-2641Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : 500430390

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

3038.71

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

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

PAGE 28 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. PCMS, LLCMailing Address 910 17Th St NW
Ste 925City
WashingtonState
DCZip Code
20006-2641Purpose of Disbursement
Postage and Shipping

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

20.88

Transaction ID : 500430391

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Publix

Mailing Address 3300 Publix Corporate Pkwy

City
LakelandState
FLZip Code
33811-3311Purpose of Disbursement
Fundraising Event Supplies

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.84

Transaction ID : 500430392

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Congressional Club

Mailing Address 2001 New Hampshire Ave NW

City
WashingtonState
DCZip Code
20009-3414Purpose of Disbursement
Event Expense

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500430393

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

521.72

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

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

PAGE 29 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. The Frost GroupMailing Address 660 Pennsylvania Ave SE
Ste 202City
WashingtonState
DCZip Code
20003-4357Purpose of Disbursement
Reimbursement, see below if itemized

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

39.90

Transaction ID : 500430394

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Frost GroupMailing Address 660 Pennsylvania Ave SE
Ste 202City
WashingtonState
DCZip Code
20003-4357Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4500.00

Transaction ID : 500430395

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

65.78

Transaction ID : 500430396

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

4605.68

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

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

PAGE 30 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

90.26

Transaction ID : 500430397

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

221.57

Transaction ID : 500430398

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

41.12

Transaction ID : 500430399

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

352.95

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

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

PAGE 31 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

160.11

Transaction ID : 500430400

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

77.78

Transaction ID : 500430402

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

490.07

Transaction ID : 500430403

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

727.96

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

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

PAGE 32 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. UberMailing Address 1455 Market St
Ste 400City
San FranciscoState
CAZip Code
94103-1355Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

FEC Identification Number

C

Amount of Each Disbursement this Period

69.33

Transaction ID : 500430405

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

69.33

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

48554.58

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

PAGE 33 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Moskowitz, Jared, , ,

Mailing Address PO Box 8784

City
Coral SpringsState
FLZip Code
33075-8784Purpose of Disbursement
Loan RepaymentCandidate Name
Moskowitz, Jared, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

FEC Identification Number

C H2FL22171

Amount of Each Disbursement this Period

5000.00

Transaction ID : 500430379

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

5000.00

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

5000.00

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

PAGE 34 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Markison, Ken, , ,

Mailing Address 4825 Chevy Chase Blvd

City
Chevy ChaseState
MDZip Code
20815-5339Purpose of Disbursement
Refund of 12/16 Contribution

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500431621

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

250.00

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

250.00

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

PAGE 35 OF 37

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

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NAME OF COMMITTEE (In Full)

Jared Moskowitz for Congress

Full Name (Last, First, Middle Initial)

A. Coral Springs/Parkland Democrats

Mailing Address 11775 Heron Bay Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2024

City
Coral SpringsState
FLZip Code
33076-1941

FEC Identification Number

C

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : 500430368

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Palm Beach County Human Rights Council

Mailing Address PO Box 267

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
West Palm BeachState
FLZip Code
33402-0267

FEC Identification Number

C

Purpose of Disbursement
Donation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 500430435

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<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).....▶

1250.00

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

1250.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 36 OF 37

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 2238925L

Jared Moskowitz for Congress

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Moskowitz, Jared, , ,

Mailing Address

PO Box 8784

City

Coral Springs

State

FL

ZIP Code

33075-8784

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

184300.00

Balance Outstanding at Close of This Period

65700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 26 / 2022M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM 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).....▶

65700.00

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)
LOANS

PAGE 37 OF 37

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 4144118L

Jared Moskowitz for Congress

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Moskowitz, Jared, , ,

Mailing Address

PO Box 8784

City

Coral Springs

State

FL

ZIP Code

33075-8784

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 29 / 2022M M / D D / Y Y Y Y
noneM M / D D / Y Y Y Y
noneM 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).....▶

50000.00

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

115700.00

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