

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. Reichard For Rep

ADDRESS (number and street) 2032 Hazel Dr Arnold MO 63010-2838 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00933739 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT MO 08

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 ... in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of

5. Covering Period 12 / 22 / 2025 through 03 / 31 / 2026

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 Reichard, Christopher, Robert, Signature of Treasurer Reichard, Christopher, Robert, Date 04 / 12 / 2026

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Reichard For Rep

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

	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))....	<input type="text" value="2143.41"/>	<input type="text" value="2143.41"/>
(b) Total Contribution Refunds (from Line 20(d)) .....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<input type="text" value="2143.41"/>	<input type="text" value="2143.41"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="991.27"/>	<input type="text" value="991.27"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<input type="text" value="991.27"/>	<input type="text" value="991.27"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="1261.41"/>	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="479.86"/>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Reichard For Rep

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).....	1030.00	1030.00
(ii) Unitemized .....	1113.41	1113.41
(iii) TOTAL of contributions from individuals .....	2143.41	2143.41
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2143.41	2143.41
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	109.27	109.27
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	109.27	109.27
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).....	2252.68	2252.68

**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.....	991.27	991.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	991.27	991.27

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2252.68
25. SUBTOTAL (add Line 23 and Line 24).....	2252.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	991.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1261.41

: 97 `A=G79 @C B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A=N5 HCB

Form/Schedule: F3N  
Transaction ID :

Paid From Candidates Personal Funds - Not Reimbursed: EIN Filing Fee \$329 - 12/22/2025 SoS Fictitious Name \$7.39 - 12/23/2025 Commerce Bank - Candidate Loan \$100 - 12/26/2025 Candidate Loan Donation - Donorbox PayPal Test \$3.68 - 1/6/2026 - Fee \$0.71 Candidate Loan Donation - Donorbox Stripe Test \$5.59 - 1/7/2026 - Fee \$0.62 X Bluecheck \$11 - 1/14/2026 X Advertisement \$50 - 2/3/2026 Office Depot - office supplies \$66.14 - 2/16/2026 Stoddard Co Dems Meeting- Meal \$29.92 - 2/16/26 Missouri Democratic Party Dues \$35 - 2/17/2026 Walmart - office supplies \$15.42 - 2/18/2026 Candidate Filing Fee \$300 - 2/24/2026 LGBTQ+ Rolla VFW - Event Entry \$10 - 2/28/2026 Grok AI \$30 3/27/2026 Total: \$993.14 Candidate Unpaid Mileage at \$0.725 per Mile - Starting and Ending Location is Home - JeffCo Labor Club - Crystal City, MO \$23.20 - 32mi - 1/12/26 IBEW Local 1 Meeting - St. Louis, MO \$31.90 - 44mi - 2/4/26 Progressive Voices Meet & Greet - Rolla, MO \$145 - 200mi 2/5/26 JeffCo Labor Club - Crystal City, MO \$23.20 - 32mi - 2/9/26 Cape Lady Dems & Pool, Pub and Politics Events - Cape Girardeau, MO \$142.10 - 196mi - 2/12/26 Stoddard County Dems Meeting - Dexter, MO \$218.95 - 302mi - 2/16/26 Taum Sauk Dems Meeting - Ironton, MO \$101.50 - 140mi - 2/20/26 St. Francois County Dems - Farmington, MO \$85.55 - 118mi - 2/23/26 Candidate Filing - Jefferson City, MO \$201.55 - 278mi - 2/24/26 LGBTQ+ VFW Event - Rolla, MO \$153.70 - 212mi - 2/27/26 Brotherly Love Protest & Butler County Dems Meeting - Farmington & Poplar Bluff, MO \$197.93 - 273mi - 2/28/26 Bollinger County Dems Meeting - Marble Hill, MO \$140.65 - 194mi - 3/3/26 Abide in Love - Ste. Genevieve, MO \$68.15 - 94mi - 3/7/26 Wake Up Jeffco Meeting - Crystal City, MO \$23.20 - 32mi - 3/8/26 JeffCo Labor Club Meeting - Crystal City, MO \$23.20 - 32mi - 3/9/26 Jeffco Dems Meeting - Barnhart, MO \$13.05 - 18mi - 3/10/26 Ste. Gen. County Dems Meeting - Ste. Genevieve, MO \$65.25 - 90mi - 3/18/26 Jeff Abney Announcement Event - Arnold, MO \$2.90 - 4mi - 3/20/26 St. Francois County Dems - Farmington, MO \$85.55 - 118mi - 3/23/26 Cape Girardeau Co Dems - Cape Girardeau, MO \$139.20 - 192mi - 3/24/26 Veterans For Peace Meeting - St. Louis, MO \$27.55 - 38mi - 3/26/26 No Kings Banner Drop - Arnold, MO \$1.45 - 2mi - 3/27/26 No Kings Events - Festus & Farmington, MO \$76.85 - 106mi - 3/28/26 Coffee With Veterans Event - Arnold, MO \$4.35 - 6mi - 3/31/26 Total: \$1,995.93 Campaign Expense Payments and Debts To - For - Date Theo R Welling Photographer - Professional Photography - 1/29/26 \$275 - Paid 2/25/26 Commerce Bank - Statement Fee - 1/30/26 \$5 - Paid 1/30/26 Campaign Partner - Website Services - 2/11/26 \$29 - Paid 2/11/26 Office Depot - Business Cards - 2/26/26 \$64.58 - Paid 2/26/26 Commerce Bank - Statement Fee - 2/27/26 \$5 - Paid 2/27/26 QR Code Generator - Website Services - 3/5/26 \$133.20 - Paid 3/5/26 Commerce Bank - Service Charge - 3/9/26 \$4 - Paid 3/9/26 Campaign Partner - Website Services - 3/11/26 \$29 - Paid 3/11/26 Buffalo Wild Wings - Campaign Meal - 3/28/26 \$69.13 - Paid 3/28/26 Booking Agent Info - Directory Subscription 3/30/26 \$288 - Paid 3/30/26 Commerce Bank - Statement Fee - 3/31/26 \$5 - Paid

Form/Schedule:  
Transaction ID:

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 17  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
Reichard, Michele, , ,

Mailing Address 1013 Cherry Lane

City Catawissa State MO Zip Code 63015

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

Name of Employer Mercy Healthcare Occupation System Administrator

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1030.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 24 / 2026

Transaction ID : A-33

Amount of Each Receipt this Period  
1030.00

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 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1030.00

# 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 7 OF 17	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7.35

Date of Receipt  

M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

**Transaction ID : A-137**

Amount of Each Receipt this Period  

0.35
------

Memo Item  
 Donation Portal Fee  
 MEMO: Split of-AJ Robinson

**B.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7.35

Date of Receipt  

M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

**Transaction ID : A-138**

Amount of Each Receipt this Period  

7.00
------

Memo Item  
 Donation Portal Fee  
 MEMO: Split of-James M. Reichard

**C.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
11.55

Date of Receipt  

M M / D D / Y Y Y Y Y Y
02 / 21 / 2026

**Transaction ID : A-139**

Amount of Each Receipt this Period  

0.35
------

Memo Item  
 Donation Portal Fee  
 MEMO: Split of-Alexis Schneider

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> 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 8 OF 17  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11.55

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2026

**Transaction ID : A-140**

Amount of Each Receipt this Period  
3.50

Memo Item  
Donation Portal Fee  
MEMO: Split-of-Alexis Schneider

**B.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11.55

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2026

**Transaction ID : A-141**

Amount of Each Receipt this Period  
0.35

Memo Item  
Donation Portal Fee  
MEMO: Split-of-Kaitlyn Faries

**C.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 11.73

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

**Transaction ID : A-142**

Amount of Each Receipt this Period  
0.18

Memo Item  
Donation Portal Fee  
MEMO: Split-of-Annie Patterson

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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: PAGE 9 OF 17  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12.43

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 25 2026

**Transaction ID : A-144**

Amount of Each Receipt this Period  
0.70

Memo Item  
Donation Portal Fee  
MEMO: Split-of-Rachel Speed

**B.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13.31

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 01 2026

**Transaction ID : A-146**

Amount of Each Receipt this Period  
0.88

Memo Item  
Donation Portal Fee  
MEMO: Split-of-Rachel Speed

**C.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13.66

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 20 2026

**Transaction ID : A-149**

Amount of Each Receipt this Period  
0.35

Memo Item  
Donation Portal Fee  
MEMO: Split-of-AJ Robinson

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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: PAGE 10 OF 17  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 14.36

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2026

**Transaction ID : A-150**

Amount of Each Receipt this Period  
0.35

Memo Item  
Donation Portal Fee  
MEMO: Split of-Alexis Schneider

**B.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 14.36

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 21 / 2026

**Transaction ID : A-151**

Amount of Each Receipt this Period  
0.35

Memo Item  
Donation Portal Fee  
MEMO: Split of-Kaitlyn Faries

**C.** Full Name (Last, First, Middle Initial)  
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 15.24

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

**Transaction ID : A-152**

Amount of Each Receipt this Period  
0.88

Memo Item  
Donation Portal Fee  
MEMO: Split of-Marilyn Crawford

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	0.00

**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 11 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**Reichard For Rep**

**A.** Full Name (Last, First, Middle Initial)  
Reichard, Christopher, Robert, ,

Mailing Address 2032 Hazel Drive

City Arnold	State MO	Zip Code 63010
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FEC ID number of contributing federal political committee. **C** H6MO08183

Name of Employer IBEW Local 1	Occupation Communications Journeyman Technician
----------------------------------	--

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2025

**Transaction ID : A-51**

Amount of Each Receipt this Period  
100.00

Memo Item  
Candidate Loan for Minimum Bank Deposit

**B.** Full Name (Last, First, Middle Initial)  
Reichard, Christopher, Robert, ,

Mailing Address 2032 Hazel Drive

City Arnold	State MO	Zip Code 63010
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6MO08183

Name of Employer IBEW Local 1	Occupation Communications Journeyman Technician
----------------------------------	--

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
103.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2026

**Transaction ID : A-52**

Amount of Each Receipt this Period  
3.68

Memo Item  
Candidate Loan - DonorBox PayPal Test

**C.** Full Name (Last, First, Middle Initial)  
Reichard, Christopher, Robert, ,

Mailing Address 2032 Hazel Drive

City Arnold	State MO	Zip Code 63010
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FEC ID number of contributing federal political committee. **C** H6MO08183

Name of Employer IBEW Local 1	Occupation Communications Journeyman Technician
----------------------------------	--

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
109.27

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2026

**Transaction ID : A-53**

Amount of Each Receipt this Period  
5.59

Memo Item  
Candidate Loan - DonorBox Stripe Test

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	109.27
<b>TOTAL</b> This Period (last page this line number only)..... ▶	109.27

# 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 17	
	<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)  
**Reichard For Rep**

Full Name (Last, First, Middle Initial) <b>A. Theo R. Welling Photography</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 3659 Botanical Avenue Ste. 2F			FEC Identification Number C	
City St. Louis	State MO	Zip Code 63110	Amount of Each Disbursement this Period 275.00	
Purpose of Disbursement Services Rendered 1/29 Paid on 2/25		Category/ Type 006	Transaction ID : B-35	
Candidate Name		Memo Item <input type="checkbox"/>		
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>B. Booking Agent Info</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2026	
Mailing Address 1867 Adam Clayton Powell Junior Bo			FEC Identification Number C	
City New York	State NY	Zip Code 10026	Amount of Each Disbursement this Period 288.00	
Purpose of Disbursement Solicitation Service		Category/ Type 003	Transaction ID : B-44	
Candidate Name		Memo Item <input type="checkbox"/>		
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	563.00
<b>TOTAL</b> This Period (last page this line number only).....▶	563.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C-51  
 Reichard For Rep

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Reichard, Christopher, Robert, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2032 Hazel Drive		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Arnold	State MO	ZIP Code 63010
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 26 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 100.00
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) Transaction ID : C-52  
Reichard For Rep

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Reichard, Christopher, Robert, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 2032 Hazel Drive		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Arnold	State MO	ZIP Code 63010
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3.68	0.00	3.68

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 06 / 2026	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3.68
<b>TOTALS</b> 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**

NAME OF COMMITTEE (In Full) **Reichard For Rep** Transaction ID : **C-53**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Reichard, Christopher, Robert, ,			<input checked="" type="checkbox"/> Primary
Mailing Address 2032 Hazel Drive			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Arnold	State MO	ZIP Code 63010	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5.59	0.00	5.59

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 07 / 2026	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5.59
<b>TOTALS</b> This Period (last page in this line only).....▶	109.27

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**Reichard For Rep**

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid IRS - EIN Filing Fee

Mailing Address 2032 Hazel Drive

City  
Arnold

State  
MO

Zip Code  
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-106

Amount Incurred This Period

329.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

329.00

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Candidate Paid SoS - Fictitious Name Registration

Mailing Address 2032 Hazel Drive

City  
Arnold

State  
MO

Zip Code  
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-107

Amount Incurred This Period

7.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

7.39

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

Reichard, Christopher, Robert, ,

Nature of Debt (Purpose):

Jefferson County Labor Club Meeting - Crystal City - Unpaid Mileage 32 mi

Mailing Address 2032 Hazel Drive

City  
Arnold

State  
MO

Zip Code  
63010

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-87

Amount Incurred This Period

23.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

23.20

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

359.59

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

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

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Reichard For Rep**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Reichard, Christopher, Robert, ,</b>			Nature of Debt (Purpose): Candidate Paid X - Bluecheck Registration
Mailing Address 2032 Hazel Drive			
City Arnold	State MO	Zip Code 63010	

Outstanding Balance Beginning This Period		<b>Transaction ID : D-108</b>	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
11.00	0.00	11.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	11.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	370.59
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	109.27
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	479.86