

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
ROBERT PEOPLE FOR CONGRESS

ADDRESS (number and street) P.O. BOX 89632
Check if different than previously reported. (ACC) TAMPA FL 33689
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00897447
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE DISTRICT FL 15

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[ ] April 15 Quarterly Report (Q1)
[ ] July 15 Quarterly Report (Q2)
[X] 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 07 / 01 / 2025 through M M / D D / Y Y Y Y 09 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer PEOPLE, NELLIE, , ,
Signature of Treasurer PEOPLE, NELLIE, , , Date M M / D D / Y Y Y Y 10 / 15 / 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.

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**ROBERT PEOPLE FOR CONGRESS**

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="4111.43"/>	<input type="text" value="12878.62"/>
(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="4111.43"/>	<input type="text" value="12878.62"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	<input type="text" value="8940.25"/>	<input type="text" value="11794.29"/>
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<input type="text" value="2950.00"/>	<input type="text" value="2950.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<input type="text" value="5990.25"/>	<input type="text" value="8844.29"/>
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	<input type="text" value="4034.33"/>	
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="0.00"/>	

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

**ROBERT PEOPLE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1700.00	3200.00
(ii) Unitemized.....	2161.43	6728.62
(iii) TOTAL of contributions from individuals ▶	3861.43	9928.62
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200.00
(d) The Candidate.....	250.00	2750.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4111.43	12878.62
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	2950.00	2950.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	7061.43	15828.62

**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.....	8940.25	11794.29
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) ►	8940.25	11794.29

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5913.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7061.43
25. SUBTOTAL (add Line 23 and Line 24).....	12974.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8940.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4034.33

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 15  
(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)  
**ROBERT PEOPLE FOR CONGRESS**

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

Mailing Address 7445 Quail Meadow Road

City Plant City State FL Zip Code 33565

FEC ID number of contributing federal political committee. C

Name of Employer Gans Gans & Associates Occupation Consultant

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 250.00

Date of Receipt 07 / 22 / 2025

Transaction ID : SA11AI.4688

Amount of Each Receipt this Period 250.00

Memo Item  
Contribution earmarked through ActBlue.

**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 6997.19

Date of Receipt 07 / 27 / 2025

Transaction ID : SA11AI.4688.0

Amount of Each Receipt this Period 250.00

Memo Item  
Total earmarked through conduit. Limit not affected.

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

Mailing Address 2225 Highway A1A 410

City Indian Harbour Beach State FL Zip Code 32937

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 1000.00

Date of Receipt 08 / 19 / 2025

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period 1000.00

Memo Item  
Contribution earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1250.00

**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 6 OF 15  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

**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 ▼  
8715.19

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 24 / 2025

**Transaction ID : SA11AI.4731.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Total earmarked through conduit. Limit not affected.

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

Mailing Address 2305 SW 56th Street

City Lawton State OK Zip Code 73505

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

Name of Employer Occupation  
Comanche County Memorial Hospital Chief Perfusionist

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

**Transaction ID : SA11AI.4789**

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution earmarked through ActBlue.

**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 ▼  
10112.62

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2025

**Transaction ID : SA11AI.4789.0**

Amount of Each Receipt this Period  
250.00

Memo Item  
Total earmarked through conduit. Limit not affected.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**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 7 OF 15  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

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

Mailing Address 6 Corinth Court

City Elgin State SC Zip Code 29045

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

Name of Employer Verizon Occupation CX Supervisor

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 01 / 2025

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period  
200.00

Memo Item  
Contribution earmarked through ActBlue.

**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 ▼  
7263.19

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2025

**Transaction ID : SA11AI.4697.0**

Amount of Each Receipt this Period  
200.00

Memo Item  
Total earmarked through conduit. Limit not affected.

**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).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1700.00

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

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NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

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

Mailing Address P.O. Box 89632

City Tampa	State FL	Zip Code 33689
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FEC ID number of contributing federal political committee. **C** H6FL15168

Name of Employer iQor US, Inc.	Occupation Proposal Writer
-----------------------------------	-------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2025

**Transaction ID : SA11D.4907**

Amount of Each Receipt this Period  
250.00

Memo Item  
In-Kind: Compliance Consulting

**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).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

# 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 15  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

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

Mailing Address 26 Irene Court

City Broomfield State CO Zip Code 80020

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA14.4800**

Amount of Each Receipt this Period

Memo Item  
 Vendor Refund

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

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.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2950.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="2950.00"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 15	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 11.21
Candidate Name	Category/ Type	Transaction ID : SB17.4803
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 3.26
Candidate Name	Category/ Type	Transaction ID : SB17.4804
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 3.21
Candidate Name	Category/ Type	Transaction ID : SB17.4805
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	17.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 15	
	<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)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 11.71
Candidate Name	Category/ Type	Transaction ID : SB17.4806
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 10.29
Candidate Name	Category/ Type	Transaction ID : SB17.4807
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 12.43
Candidate Name	Category/ Type	Transaction ID : SB17.4808
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 15	
	<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)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 4.68	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4809	
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. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 39.70	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4810	
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. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 5.18	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4811	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	49.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 15	
	<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)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 19.37	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4812	
Candidate Name		<input type="checkbox"/> 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>B. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 6.09	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4813	
Candidate Name		<input type="checkbox"/> 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>C. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2025	
Mailing Address 366 Summer Street			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144-3132	Amount of Each Disbursement this Period 4.76	
Purpose of Disbursement Processing Fee		Category/ Type	Transaction ID : SB17.4814	
Candidate Name		<input type="checkbox"/> 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	30.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 6.05
Candidate Name	Category/ Type	Transaction ID : SB17.4815
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) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 13.83
Candidate Name	Category/ Type	Transaction ID : SB17.4816
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) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. Bee Compliance LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type	Transaction ID : SB17.4908
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) ▼	<input type="checkbox"/> Memo Item
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	269.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 15	
	<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)  
**ROBERT PEOPLE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Sheraton Tampa Brandon Hotel**

Mailing Address 10221 Princess Palm Ave

City Tampa State FL Zip Code 33610

Purpose of Disbursement  
Event Catering & Space Rental

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
09 / 16 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
2325.00

Transaction ID : SB17.4797

Memo Item

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

Mailing Address 26 Irene Court

City Broomfield State CO Zip Code 80020

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 07 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
3000.00

Transaction ID : SB17.4794

Memo Item

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

Mailing Address 26 Irene Court

City Broomfield State CO Zip Code 80020

Purpose of Disbursement  
Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
08 / 09 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
3000.00

Transaction ID : SB17.4795

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8726.77