



SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 / 01 / 2025 To: 12 / 31 / 2025

Table with 3 columns: Description, COLUMN A This Period, and COLUMN B Calendar Year-to-Date. Rows include Cash on Hand, Total Receipts, Total Disbursements, and Debts and Obligations.

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15200.00	20375.00
(ii) Unitemized .....	25.00	294.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15225.00	20669.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15225.00	20669.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	143239.89	230107.37
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	158464.89	250776.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	158464.89	250776.37

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	919.27	1472.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	919.27	1472.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15020.00	21020.00
24. Independent Expenditures (use Schedule E) .....	1750.00	4207.55
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	5000.00
(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 28(a), (b), and (c)).....	1000.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	41516.71	68467.12
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	60205.98	100167.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60205.98	100167.40

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15225.00	20669.00
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14225.00	15669.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	919.27	1472.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	919.27	1472.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Abutaa, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 Rose Creek Ct  
 City Oakton State VA Zip Code 22124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emgage Occupation (for Individual) Organizing Director  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 21 / 2025**  
**Transaction ID : SA11AI.6914**  
 Amount of Each Receipt this Period **300.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. Abutaa, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3004 Rose Creek Ct  
 City Oakton State VA Zip Code 22124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Emgage Occupation (for Individual) Organizing Director  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 02 / 2025**  
**Transaction ID : SA11AI.6915**  
 Amount of Each Receipt this Period **200.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**C. ali, sadia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8129 Northwest 106th Lane  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Xxx Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 13 / 2025**  
**Transaction ID : SA11AI.6944**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
ali, sadia, , ,

Mailing Address 8129 Northwest 106th Lane

City Parkland	State FL	Zip Code 33076
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Xxx	Occupation (for Individual) Physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2025

**Transaction ID : SA11AI.6962**

Amount of Each Receipt this Period  
 20.00

Memo Item  
 Earmarked for Bushra Amiwala

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Amin, Muhammad, , ,

Mailing Address 8651 NW 55th Place

City Coral Springs	State FL	Zip Code 33067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2025

**Transaction ID : SA11AI.6922**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Earmarked for Bushra Amiwala

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Baqai, Mehwish, , ,

Mailing Address 1919 NW 137th Way

City Pembroke Pines	State FL	Zip Code 33028
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Planet holdings inc	Occupation (for Individual) VP
--	-----------------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2025

**Transaction ID : SA11AI.6946**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>520.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Bashir, Imran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4850 nw 55th drive  
 City Coconut creek State FL Zip Code 33073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coast to coast disc distributors Occupation (for Individual) Business  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 09 / 2025**  
**Transaction ID : SA11AI.6934**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. Bashir, Imran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4850 nw 55th drive  
 City Coconut creek State FL Zip Code 33073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coast to coast disc distributors Occupation (for Individual) Business  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 13 / 2025**  
**Transaction ID : SA11AI.6942**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**C. Ghaniwala, Wahid, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13036 nw 14 street  
 City Pembroke pine State FL Zip Code 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 06 / 2025**  
**Transaction ID : SA11AI.6927**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Hamid, Iqbal, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1375 Beacon Circle  
 City Wellington State FL Zip Code 33414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Envision HEALTH Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 11 / 2025**  
**Transaction ID : SA11AI.6938**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. Hamzavi, Iltefat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49199 Parkshore Court  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4280.25**

Date of Receipt **10 / 08 / 2025**  
**Transaction ID : SA11AI.6995**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**C. Hamzavi, Iltefat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49199 Parkshore Court  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4315.25**

Date of Receipt **11 / 08 / 2025**  
**Transaction ID : SA11AI.6997**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>320.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Hamzavi, Iltefat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49199 Parkshore Court  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4350.25**

Date of Receipt **12 / 08 / 2025**  
**Transaction ID : SA11AI.6999**  
 Amount of Each Receipt this Period **35.00**  
 Memo Item

**B. Hamzavi, Jabeen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49199 Parkshore Ct  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medical associates Occupation (for Individual) Business owner  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **09 / 14 / 2025**  
**Transaction ID : SA11AI.6954**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 Earmarked for Abdul El-Sayed

**C. Ismail, Yunus, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1350 Southwest 175th Way  
 City Pembroke Pines State FL Zip Code 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 06 / 2025**  
**Transaction ID : SA11AI.6920**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Javed, Mian Mushtaq, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12883 Grand Oaks Drive fl 33330  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 08 / 2025**  
**Transaction ID : SA11AI.6932**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. Khan, Nazar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4149 Dupont Ave S  
 City Minneapolis State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beowulf Energy Occupation (for Individual) Principal Investor  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **11175.00**

Date of Receipt **10 / 09 / 2025**  
**Transaction ID : SA11AI.6996**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**C. Khan, Nazar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4149 Dupont Ave S  
 City Minneapolis State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beowulf Energy Occupation (for Individual) Principal Investor  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **11200.00**

Date of Receipt **11 / 09 / 2025**  
**Transaction ID : SA11AI.6998**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1550.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Khan, Nazar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4149 Dupont Ave S  
 City Minneapolis State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beowulf Energy Occupation (for Individual) Principal Investor  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **11225.00**

Date of Receipt **12 / 09 / 2025**  
**Transaction ID : SA11AI.7000**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item

**B. Khan, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3884 E Hibiscus St  
 City Weston State FL Zip Code 33332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) NA  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **25.00**

Date of Receipt **09 / 15 / 2025**  
**Transaction ID : SA11AI.6961**  
 Amount of Each Receipt this Period **25.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**C. Khanani, Abdul Razzak, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13331 SW 45th drive  
 City Miramar State FL Zip Code 33027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Norgetown Propane Inc Occupation (for Individual) Owner  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 06 / 2025**  
**Transaction ID : SA11AI.6925**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 57
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Memon, Faisal, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 13 / 2025
Mailing Address 6577 NW 109th Ave		<b>Transaction ID : SA11AI.6948</b>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Smoke shop	Occupation (for Individual) Manager	<input type="checkbox"/> Memo Item Earmarked for Bushra Amiwala
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Merchant, Riaz, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 06 / 2025
Mailing Address 20217 SW 54th PI		<b>Transaction ID : SA11AI.6923</b>
City Fort Lauderdale	State FL	Zip Code 33332
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Mertech Data Systems, Inc.	Occupation (for Individual) Executive	<input type="checkbox"/> Memo Item Earmarked for Bushra Amiwala
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 2500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mirza, Khalid, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 03 / 2025
Mailing Address 13100 Mustang Trail		<b>Transaction ID : SA11AI.6916</b>
City Southwest Ranches	State FL	Zip Code 33330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer (for Individual) Self employed	Occupation (for Individual) business owner	<input type="checkbox"/> Memo Item Earmarked for Bushra Amiwala
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3100.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Mysorewala, Idris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19420 Nw 3rd Court  
 City State Zip Code  
 Pembroke Pines FL 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Subway Subway  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2025  
**Transaction ID : SA11AI.6936**  
 Amount of Each Receipt this Period  
**500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. Nanji, Suhail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6811 NW 117th Avenue  
 City State Zip Code  
 Parkland FL 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Self Employed Business Owner  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 13 / 2025  
**Transaction ID : SA11AI.6949**  
 Amount of Each Receipt this Period  
**500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**C. Pirzada, Azhar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3480 Birch Terrace  
 City State Zip Code  
 Davie FL 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Retired Retired  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **100.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2025  
**Transaction ID : SA11AI.6957**  
 Amount of Each Receipt this Period  
**100.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 57
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Qazi, Amna, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Neilgon@hotmail.com

City Olympi	State WA	Zip Code 98502
----------------	-------------	-------------------

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

Name of Employer (for Individual) None	Occupation (for Individual) None
---	-------------------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2025

**Transaction ID : SA11AI.6929**

Amount of Each Receipt this Period  

250.00
--------

Memo Item  
Earmarked for Bushra Amiwala

**B. Qureshi, Samina, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7735 NW 47TH DR

City Coral Springs	State FL	Zip Code 33067
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) self employed	Occupation (for Individual) physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **1500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2025

**Transaction ID : SA11AI.6952**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item  
Earmarked for Bushra Amiwala

**C. Qureshi, zahid, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7735 nw 47th drive

City coral springs	State FL	Zip Code 33067
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) conviva	Occupation (for Individual) doctor
--	---------------------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2025

**Transaction ID : SA11AI.6951**

Amount of Each Receipt this Period  

1000.00
---------

Memo Item  
Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Razi, Syed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2752 NW 87th Ter  
 City Pembroke Pines State FL Zip Code 33024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Memorial Healthcare Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1500.00**

Date of Receipt **09 / 06 / 2025**  
**Transaction ID : SA11AI.6918**  
 Amount of Each Receipt this Period **1500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**B. SIDDIQUI, MAHREEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6384 NW 93rd Dr  
 City Parkland State FL Zip Code 33067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pedatrix Medical Group Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 11 / 2025**  
**Transaction ID : SA11AI.6940**  
 Amount of Each Receipt this Period **500.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

**C. subhani, zakia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4224 Finishline Terrace  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual)  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **350.00**

Date of Receipt **09 / 08 / 2025**  
**Transaction ID : SA11AI.6930**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 57
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
subhani, zakia, , ,

Mailing Address 4224 Finishline Terrace

City Davie	State FL	Zip Code 33330
---------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual)
---	-----------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2025

**Transaction ID : SA11AI.6955**

Amount of Each Receipt this Period  
500.00

Memo Item  
Earmarked for Bushra Amiwala

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Wahid, Khurram, , ,

Mailing Address 6221 W. Atlantic Blvd.

City Margate	State FL	Zip Code 33063
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Attorney
---	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2025

**Transaction ID : SA11AI.6941**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked for Bushra Amiwala

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zafrul, Hassan, , ,

Mailing Address 9065 NW 55th Court

City Sunrise	State FL	Zip Code 33351
-----------------	-------------	-------------------

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

Name of Employer (for Individual) CWA	Occupation (for Individual) Checker
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
25.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2025

**Transaction ID : SA11AI.6959**

Amount of Each Receipt this Period  
25.00

Memo Item  
Earmarked for Bushra Amiwala

<b>SUBTOTAL</b> of Receipts This Page (optional).....	775.00
<b>TOTAL</b> This Period (last page this line number only).....	15200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
abdallah, tony, , ,

Mailing Address 377 St. Pauls Avenue

City Staten Island	State NY	Zip Code 10304
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual)
---	-----------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
6278.75

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2025

**Transaction ID : SA17.7093**

Amount of Each Receipt this Period  
5278.75

Memo Item  
Contribution to non-contribution account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Abdullah, Issa, , ,

Mailing Address 234 85th St

City Brooklyn	State NY	Zip Code 11209
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self employed	Occupation (for Individual) Attorney
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
10350.25

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2025

**Transaction ID : SA17.7099**

Amount of Each Receipt this Period  
10350.25

Memo Item  
Contribution to non-contribution account

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Abedin, Faria, , ,

Mailing Address 7837 Westmont Ln

City Mclean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer (for Individual) Bayan	Occupation (for Individual) Director
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2025

**Transaction ID : SA17.7087**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	16629.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Abedin, Faria, , ,

Mailing Address 7837 Westmont Ln

City Mclean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer (for Individual) Bayan	Occupation (for Individual) Director
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2025

**Transaction ID : SA17.7119**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution to non-contribution account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Abedin, Faria, , ,

Mailing Address 7837 Westmont Ln

City Mclean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer (for Individual) Bayan	Occupation (for Individual) Director
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2025

**Transaction ID : SA17.7128**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution to non-contribution account

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Abedin, Faria, , ,

Mailing Address 7837 Westmont Ln

City Mclean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer (for Individual) Bayan	Occupation (for Individual) Director
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2025

**Transaction ID : SA17.7137**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Abedin, Faria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7837 Westmont Ln  
 City Mclean State VA Zip Code 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bayan Occupation (for Individual) Director  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2025  
**Transaction ID : SA17.7144**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item  
 Contribution to non-contribution account

**B. Al-dalaim, Abdo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 370 Rich Ave  
 City Mount Vernon State NY Zip Code 10552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) First Place Consultant Inc Occupation (for Individual) Consultant / pharmacist  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2025  
**Transaction ID : SA17.7097**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 Contribution to non-contribution account

**C. Ali, Salma Hasan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5171 Manning PL NW  
 City Washington State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Writer  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **2070.25**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 16 / 2025  
**Transaction ID : SA17.7095**  
 Amount of Each Receipt this Period  
 2070.25  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8070.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Almontaser, Naji, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 719 Westminster Rd  
 City Brooklyn State NY Zip Code 11230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hilton Midtown Occupation (for Individual) Banquet Captain  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1035.25**

Date of Receipt **07 / 12 / 2025**  
**Transaction ID : SA17.7007**  
 Amount of Each Receipt this Period **1035.25**  
 Memo Item  
 Contribution to non-contribution account

**B. Almontaser, Naji, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 719 Westminster Rd  
 City Brooklyn State NY Zip Code 11230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hilton Midtown Occupation (for Individual) Banquet Captain  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **2070.50**

Date of Receipt **08 / 12 / 2025**  
**Transaction ID : SA17.7084**  
 Amount of Each Receipt this Period **1035.25**  
 Memo Item  
 Contribution to non-contribution account

**C. Arafa, Mohmoud, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6515 Union Mill Rd  
 City Clifton State VA Zip Code 20124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Perast Homes Occupation (for Individual) Manager  
 Receipt For: 2026  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 28 / 2025**  
**Transaction ID : SA17.7112**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3070.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Chahal, Anwar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Ecker Drive 352  
 City Lititz State PA Zip Code 17543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 01 / 2025**  
**Transaction ID : SA17.7002**  
 Amount of Each Receipt this Period **1000.00**  
 Memo Item  
 Contribution to non-contribution account

**B. Chaudhry, Mehboob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Ardwn Dr  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pulmonary Associates Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **3890.00**

Date of Receipt **07 / 31 / 2025**  
**Transaction ID : SA17.7076**  
 Amount of Each Receipt this Period **417.00**  
 Memo Item  
 Contribution to non-contribution account

**C. Chaudhry, Mehboob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Ardwn Dr  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pulmonary Associates Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4307.00**

Date of Receipt **08 / 31 / 2025**  
**Transaction ID : SA17.7117**  
 Amount of Each Receipt this Period **417.00**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1834.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Chaudhry, Mehboob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Ardwn Dr  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pulmonary Associates Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4724.00**

Date of Receipt **09 / 30 / 2025**  
**Transaction ID : SA17.7125**  
 Amount of Each Receipt this Period **417.00**  
 Memo Item  
 Contribution to non-contribution account

**B. Chaudhry, Mehboob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Ardwn Dr  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pulmonary Associates Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5141.00**

Date of Receipt **10 / 31 / 2025**  
**Transaction ID : SA17.7136**  
 Amount of Each Receipt this Period **417.00**  
 Memo Item  
 Contribution to non-contribution account

**C. Chaudhry, Mehboob, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 Ardwn Dr  
 City Monroeville State PA Zip Code 15146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pulmonary Associates Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5558.00**

Date of Receipt **11 / 30 / 2025**  
**Transaction ID : SA17.7143**  
 Amount of Each Receipt this Period **417.00**  
 Memo Item  
 Contribution to non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... **1251.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Elnabty, Mohammed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6402 Woodcliffe Ln  
 City East Lansing State MI Zip Code 48823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Physician  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **1035.25**

Date of Receipt **07 / 08 / 2025**  
**Transaction ID : SA17.7005**  
 Amount of Each Receipt this Period **1035.25**  
 Memo Item  
 Contribution to non-contribution account

**B. Gamay, Ali, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 Riley Preserve CT  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dreampak Occupation (for Individual) DEO  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **10000.00**

Date of Receipt **08 / 29 / 2025**  
**Transaction ID : SA17.7110**  
 Amount of Each Receipt this Period **10000.00**  
 Memo Item  
 Contribution to non-contribution account

**C. Gamay, Tarick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6719 Weaver Avenue  
 City Mclean State VA Zip Code 22101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Businessman  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **51159.35**

Date of Receipt **08 / 27 / 2025**  
**Transaction ID : SA17.7108**  
 Amount of Each Receipt this Period **1159.35**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12194.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Haffar, Naseem, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 E 74Th St  
 City New York State NY Zip Code 10021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) self employed  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 01 / 2025**  
**Transaction ID : SA17.7073**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Contribution to non-contribution account

**B. Hamzavi, Iltefat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49199 Parkshore Court  
 City Northville State MI Zip Code 48168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Dermatologist  
 Receipt For:  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **4245.25**

Date of Receipt **08 / 07 / 2025**  
**Transaction ID : SA17.7188**  
 Amount of Each Receipt this Period **1035.25**  
 Memo Item  
 contribution to non-contribution account

**C. Khalfan, Farzana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hidden Pond Dr  
 City Old Westbury State NY Zip Code 11568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **10350.25**

Date of Receipt **08 / 03 / 2025**  
**Transaction ID : SA17.7078**  
 Amount of Each Receipt this Period **10350.25**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>11635.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Khan, Amir, , ,

Mailing Address 17001 84th Road

City Jamaica	State NY	Zip Code 11432
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
3309.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2025

**Transaction ID : SA17.7104**

Amount of Each Receipt this Period  
3200.00

Memo Item  
Contribution to non-contribution account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Khan, Amir, , ,

Mailing Address 17001 84th Road

City Jamaica	State NY	Zip Code 11432
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
7309.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2025

**Transaction ID : SA17.7105**

Amount of Each Receipt this Period  
4000.00

Memo Item  
Contribution to non-contribution account

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Khan, Amir, , ,

Mailing Address 17001 84th Road

City Jamaica	State NY	Zip Code 11432
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business
--	---

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date ▼  
10509.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		19		2025

**Transaction ID : SA17.7106**

Amount of Each Receipt this Period  
3200.00

Memo Item  
Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Khan, Amir, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2025 <b>Transaction ID : SA17.7122</b>
Mailing Address 17001 84th Road		Amount of Each Receipt this Period 3200.00
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution to non-contribution account
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business	
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 13709.44	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Khan, Amir, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 19 / 2025 <b>Transaction ID : SA17.7130</b>
Mailing Address 17001 84th Road		Amount of Each Receipt this Period 3200.00
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution to non-contribution account
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business	
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 16909.44	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Khan, Amir, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 19 / 2025 <b>Transaction ID : SA17.7140</b>
Mailing Address 17001 84th Road		Amount of Each Receipt this Period 3200.00
City Jamaica	State NY	Zip Code 11432
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item Contribution to non-contribution account
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Business	
Receipt For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 20109.44	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Khan, Amir, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17001 84th Road  
 City Jamaica State NY Zip Code 11432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Business  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **23309.44**

Date of Receipt **12 / 19 / 2025**  
**Transaction ID : SA17.7147**  
 Amount of Each Receipt this Period **3200.00**  
 Memo Item  
 Contribution to non-contribution account

**B. Khan, Nazar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4149 Dupont Ave S  
 City Minneapolis State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Beowulf Energy Occupation (for Individual) Principal Investor  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **11150.00**

Date of Receipt **08 / 15 / 2025**  
**Transaction ID : SA17.7092**  
 Amount of Each Receipt this Period **10000.00**  
 Memo Item  
 Contribution to non-contribution account

**C. Malas, Mohannad, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31591 Bluff Dr  
 City Laguna Beach State CA Zip Code 92651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dana Investment Corp Occupation (for Individual) President  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **10000.00**

Date of Receipt **08 / 08 / 2025**  
**Transaction ID : SA17.7083**  
 Amount of Each Receipt this Period **10000.00**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>23200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A. Riaz, Salman, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Prospect Ln  
 City Colonia State NJ Zip Code 07067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Pharmacist owner  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5175.25**

Date of Receipt **08 / 16 / 2025**  
**Transaction ID : SA17.7172**  
 Amount of Each Receipt this Period **5175.25**  
 Memo Item  
 Contribution to non-contribution account

**B. Sabadia, Aisha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17032 Rosebud Dr  
 City Yorba Linda State CA Zip Code 92886  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **5175.25**

Date of Receipt **08 / 14 / 2025**  
**Transaction ID : SA17.7089**  
 Amount of Each Receipt this Period **5175.25**  
 Memo Item  
 Contribution to non-contribution account

**C. Siddiqui, Adnan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 Reist St  
 City Williamsville State NY Zip Code 14221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SUNY Unlversity At Buffalo Occupation (for Individual) Professor of Neurosurgery  
 Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**  
 Aggregate Year-to-Date **2587.75**

Date of Receipt **08 / 03 / 2025**  
**Transaction ID : SA17.7080**  
 Amount of Each Receipt this Period **2587.75**  
 Memo Item  
 Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>12938.25</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Siddiqui, Yousuf, , ,

Mailing Address 763 Woodchester Dr

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health	Occupation (for Individual) Physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2025

**Transaction ID : SA17.7115**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
Contribution to non-contribution account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Siddiqui, Yousuf, , ,

Mailing Address 763 Woodchester Dr

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health	Occupation (for Individual) Physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2025

**Transaction ID : SA17.7124**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
Contribution to non-contribution account

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Siddiqui, Yousuf, , ,

Mailing Address 763 Woodchester Dr

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Ford Health	Occupation (for Individual) Physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify) **Other**

Aggregate Year-to-Date **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2025

**Transaction ID : SA17.7142**

Amount of Each Receipt this Period  

25.00
-------

Memo Item  
Contribution to non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 57
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Siddiqui, Yousuf, , ,

Mailing Address 763 Woodchester Dr

City Bloomfield Hills	State MI	Zip Code 48304
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Henry Ford Health	Occupation (for Individual) Physician
--	--

Receipt For: 2026  
 Primary  General  
 Other (specify)  Other

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M /  D D /  Y Y Y Y Y Y  
 12 / 25 / 2025

**Transaction ID : SA17.7149**

Amount of Each Receipt this Period  
25.00

Memo Item  
Contribution to non-contribution account

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Sultan, Masuda, , ,

Mailing Address 15 Dupont Ct

City Greenvale	State NY	Zip Code 11548
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual) Symbio	Occupation (for Individual) Consultant
---	---

Receipt For: 2026  
 Primary  General  
 Other (specify)  Other

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M /  D D /  Y Y Y Y Y Y  
 08 / 15 / 2025

**Transaction ID : SA17.7091**

Amount of Each Receipt this Period  
2500.00

Memo Item  
Contribution to non-contribution account

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.  C

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-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).....	2525.00
<b>TOTAL</b> This Period (last page this line number only).....	141423.10

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Fontana, Ellen, , ,**

Mailing Address 2154 N. McMullen Booth Rd  
Cte 309

City Clearwater State FL Zip Code 33759

Purpose of Disbursement  
Quickbooks Software subscription

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2025			

FEC Identification Number

**C**  
**Transaction ID : SB21B.7227**

Amount of Each Disbursement this Period

112.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			02			2025			

FEC Identification Number

**C**  
**Transaction ID : SB21B.7230**

Amount of Each Disbursement this Period

68.62

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
Merchant processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2025			

FEC Identification Number

**C**  
**Transaction ID : SB21B.7231**

Amount of Each Disbursement this Period

391.85

Memo Item

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

572.47

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement

Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 02 / 2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7226

Amount of Each Disbursement this Period

[Redacted] 178.36

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement

merchant fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 10 / 2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7228

Amount of Each Disbursement this Period

[Redacted] 84.81

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paragon Payment Solutions**

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement

merchant fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 01 / 2025

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.7229

Amount of Each Disbursement this Period

[Redacted] 83.63

Memo Item

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

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

[Redacted] 346.80

[Redacted] 919.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Abdul for U.S. Senate**

Mailing Address P.O. Box 126

City  
St. Clair Shores

State  
MI

Zip Code  
48080

Purpose of Disbursement  
Earmark of Jabeen Hamzavi  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

**C**

**Transaction ID : SB23.6988**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Adam Abutaa  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

FEC Identification Number

**C**

**Transaction ID : SB23.6964**

Amount of Each Disbursement this Period

300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Adam Abutaa  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

**C**

**Transaction ID : SB23.6965**

Amount of Each Disbursement this Period

200.00

Memo Item

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

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Khalid Mirza

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB23.6966

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Syed Razi

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB23.6967

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Yunus Ismail

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB23.6968

Amount of Each Disbursement this Period

250.00

Memo Item

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

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

3250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Muhammad Amin  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.6969

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Riaz Merchant  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.6970

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Abdul Razzak Khanani  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : SB23.6971

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

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

[REDACTED] 2000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Wahid Ghaniwala  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6972**

Amount of Each Disbursement this Period

[ ] 250.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Amna Qazi  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6973**

Amount of Each Disbursement this Period

[ ] 250.00 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of zakia subhani  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6974**

Amount of Each Disbursement this Period

[ ] 250.00 [ ]

Memo Item

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

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

[ ] 750.00 [ ]

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Mian Mushtaq Javed

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C

Transaction ID : SB23.6975

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Imran Bashir

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C

Transaction ID : SB23.6976

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Idris Mysorewala

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C

Transaction ID : SB23.6977

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

2250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Iqbal Hamid

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB23.6978**

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of MAHREEN SIDDIQUI

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB23.6979**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Khurrum Wahid

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB23.6980**

Amount of Each Disbursement this Period

250.00

Memo Item

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

1000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Imran Bashir

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB23.6981**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of sadia ali

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB23.6982**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Mehwish Baqai

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C [REDACTED]

**Transaction ID : SB23.6983**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Memo Item

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

[REDACTED] 1000.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Faisal Memon

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB23.6984

Amount of Each Disbursement this Period

100.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Suhail Nanji

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB23.6985

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of zahid Qureshi

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2026

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
09 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB23.6986

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

1600.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of samina Qureshi  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6987**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of zakia subhani  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6989**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement  
Earmark of Azhar Pirzada  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB23.6990**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

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

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

1	6	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

--	--	--	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Hassan Zafrul

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23.6991

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of Sarah Khan

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23.6992

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BUSHRA FOR CONGRESS**

Mailing Address PO BOX 911

City  
SKOKIE

State  
IL

Zip Code  
60076

Purpose of Disbursement

Earmark of sadia ali

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB23.6993

Amount of Each Disbursement this Period

20.00

Memo Item

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

70.00

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

15020.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Abdallah, Ahmd, , ,**

Mailing Address 377 St. Pauls Avenue

City  
Staten Island

State  
NY

Zip Code  
10304

Purpose of Disbursement  
Refund from noncontribution account

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 M	/	D D D	/	Y Y Y Y Y Y
07		03		2025

FEC Identification Number

C [ ]

**Transaction ID : SB28A.7233**

Amount of Each Disbursement this Period

[ ] 1000.00

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 M	/	D D D	/	Y Y 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 M	/	D D D	/	Y Y Y Y Y Y
[ ]		[ ]		[ ]

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 1000.00

[ ] 1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit card processing fees

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.7234**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

credit card processing fees

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.7191**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

credit card processing fees

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB29.7193**

Amount of Each Disbursement this Period

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

## EMGAGE FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

### A. Actblue Technical Services

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	5

FEC Identification Number

C [ ]

Transaction ID : SB29.7194

Amount of Each Disbursement this Period

1	8	.	2	3
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### B. Actblue Technical Services

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C [ ]

Transaction ID : SB29.7196

Amount of Each Disbursement this Period

2	1	.	2	3
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

### C. Actblue Technical Services

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	2	5

FEC Identification Number

C [ ]

Transaction ID : SB29.7197

Amount of Each Disbursement this Period

0	.	2	4
---	---	---	---

Memo Item

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

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

3	9	.	7	0
---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB29.7199**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									4.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB29.7200**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									0.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB29.7202**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									18.66

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									23.21

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	2	5		

FEC Identification Number

**C**

**Transaction ID : SB29.7205**

Amount of Each Disbursement this Period

0.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	2	5		

FEC Identification Number

**C**

**Transaction ID : SB29.7206**

Amount of Each Disbursement this Period

0.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
credit card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	5		

FEC Identification Number

**C**

**Transaction ID : SB29.7213**

Amount of Each Disbursement this Period

0.99

Memo Item

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

1.59

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2025			

FEC Identification Number

C

Transaction ID : SB29.7214

Amount of Each Disbursement this Period

16.68

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

credit card processing fees

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2025			

FEC Identification Number

C

Transaction ID : SB29.7215

Amount of Each Disbursement this Period

1.98

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit Card Processing Fees

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2025			

FEC Identification Number

C

Transaction ID : SB29.7216

Amount of Each Disbursement this Period

0.40

Memo Item

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

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

19.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Credit Card processing fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB29.7217**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									3.17

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB29.7219**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									16.68

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			26			2025			

FEC Identification Number

C [ ]

**Transaction ID : SB29.7220**

Amount of Each Disbursement this Period

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									0.44

Memo Item

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

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

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
									20.29

[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit card processing fees

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	3			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB29.7222**

Amount of Each Disbursement this Period

17.67

Memo Item

Full Name (Last, First, Middle Initial)

**B. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit Card pr

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	6			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB29.7223**

Amount of Each Disbursement this Period

0.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit card processing fees

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	4			2	0	2	5		

FEC Identification Number

C

**Transaction ID : SB29.7224**

Amount of Each Disbursement this Period

0.44

Memo Item

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

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

18.27

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Actblue Technical Services**

Mailing Address 366 Summer St

City  
Somerville

State  
ME

Zip Code  
02144-3132

Purpose of Disbursement

Credit card processing fees

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

FEC Identification Number

C [ ]

**Transaction ID : SB29.7225**

Amount of Each Disbursement this Period

[ ] 0.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. Defend and Advance - NY I.E.**

Mailing Address 3425 US HWY 98 N

City  
Lakeland

State  
FL

Zip Code  
33809

Purpose of Disbursement

Contribution to NY State I.E. Committee

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2025

FEC Identification Number

C [ ]

**Transaction ID : SB29.7210**

Amount of Each Disbursement this Period

[ ] 35000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fontana, Ellen, , ,**

Mailing Address 2154 N. McMullen Booth Rd  
Cte 309

City  
Clearwater

State  
FL

Zip Code  
33759

Purpose of Disbursement

Quickbooks Software subscription fee

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2025

FEC Identification Number

C [ ]

**Transaction ID : SB29.7207**

Amount of Each Disbursement this Period

[ ] 136.50

Memo Item

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

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

[ ] 35137.49

[ ]



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. Paragon Payment Solutions

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.7212

Amount of Each Disbursement this Period

[REDACTED] 450.84

Memo Item

Full Name (Last, First, Middle Initial)

### B. Paragon Payment Solutions

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.7218

Amount of Each Disbursement this Period

[REDACTED] 150.86

Memo Item

Full Name (Last, First, Middle Initial)

### C. Paragon Payment Solutions

Mailing Address 2141 E Broadway Rd  
Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
Merchant Processing Fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.7221

Amount of Each Disbursement this Period

[REDACTED] 150.86

Memo Item

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

[REDACTED] 752.56

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

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EMGAGE FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sharaf, Sharaf, , ,**

Mailing Address 7070 Gelderland Drive

City  
Hilliard

State  
OH

Zip Code  
43016

Purpose of Disbursement  
Reimbursement for Catering

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : SB29.7203**

Amount of Each Disbursement this Period

[ ] 1159.35 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

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:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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)..... ▶

[ ] 1159.35 [ ]

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

[ ] 41491.71 [ ]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
EMGAGE FEDERAL POLITICAL ACTION COMMITTEE
FEC IDENTIFICATION NUMBER
C C00453704

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee
Blue Print Interactive
Mailing Address
2307 North Trenton Street
City
Arlington State
VA Zip Code
22207
Purpose of Expenditure
Digital Ads Category/
Type

Date of Public Distribution/Dissemination
10 / 29 / 2025
Amount
1750.00
Transaction ID : SE.6910
Date of Disbursement or Obligation
10 / 27 / 2025

Name of Federal Candidate:
Hashmi, Ghazala, , ,
Support
Oppose
Office Sought:
House
Senate
State: VA
Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought
1750.00

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/
Type

Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support
Oppose
Office Sought:
House
Senate
State:
Disbursement For:
Primary
General
Other (specify)

Calendar Year-To-Date
Per Election for Office Sought

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 1750.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 1750.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mitha, Amin, , ,
Signature

Date
01 / 31 / 2026