

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Bright for Congress

ADDRESS (number and street)

PO Box 26141

Check if different
than previously
reported. (ACC)

Alexandria

VA

22313-6141

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00852053

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

STATE ▼ DISTRICT

NH

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
09 / 10 / 2024in the
State of

NH

(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2024

through

M M / D D / Y Y Y Y
08 / 21 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Marston, Chris, , ,

Signature of Treasurer

Marston, Chris, , ,

Date

M M / D D / Y Y Y Y
11 / 01 / 2024

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
Bright for Congress

Report Covering the Period: From: 07 / 01 / 2024 To: 08 / 21 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3374.55	87535.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3374.55	87535.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	39736.42	201732.49
(b) Total Offsets to Operating Expenditures (from Line 14)	1.52	3.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	39734.90	201729.16
8. Cash on Hand at Close of Reporting Period (from Line 27)	82116.46	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	205000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Bright for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2024

To:

MM / DD / YYYY
08 / 21 / 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

3020.51

62539.95

(ii) Unitemized

354.04

11716.88

(iii) TOTAL of contributions
from individuals ▶

3374.55

74256.83

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

1500.00

(d) The Candidate

0.00

11778.27

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

3374.55

87535.10

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

205000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

205000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

1.52

3.33

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

3376.07

292538.43

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	39736.42	201732.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	2875.00	8689.48
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	42611.42	210421.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	121351.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3376.07
25. SUBTOTAL (add Line 23 and Line 24).....	124727.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	42611.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82116.46

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

PAGE 5 OF 23

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

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

NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

BROKAW, RONALD, K., ,

Mailing Address 933 RIDGE RD.

City

LYNDONVILLE

State

VT

Zip Code

05851-9533

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.332

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

29898.55

Date of Receipt

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

Transaction ID : SA11C.339

Amount of Each Receipt this Period

500.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

KEENAN, ELIZABETH, , ,

Mailing Address 26 MOUNTAIN VIEW CT

City

MILFORD

State

NH

Zip Code

03055-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer

KNIGHT MANAGEMENT GROUP

Occupation

ADMINISTRATIVE MANAGER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.340

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

1250.00

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

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

KEENAN, ELIZABETH, , ,

A.

Mailing Address 26 MOUNTAIN VIEW CT

City

MILFORD

State

NH

Zip Code

03055-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer

KNIGHT MANAGEMENT GROUP

Occupation

ADMINISTRATIVE MANAGER

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.341

Amount of Each Receipt this Period

250.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

29898.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	4

Transaction ID : SA11C.348

Amount of Each Receipt this Period

520.51



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

C.

Full Name (Last, First, Middle Initial)

BARDONG, SHAWN, , ,

Mailing Address 39 DEARBORN STREET

City

PORTSMOUTH

State

NH

Zip Code

03801-3646

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

TECH CONSULTANT

Receipt For: 2024



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

830.51

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	4

Transaction ID : SA11A.349

Amount of Each Receipt this Period

520.51



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

770.51

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

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

29898.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

Transaction ID : SA11C.350

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

BRADLEY, SCOTT, , ,

Mailing Address 3 ACORN KNOLL DR.

City

NORTH READING

State

MA

Zip Code

01864-1366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NOVARTIS

MANAGER

Receipt For: 2024



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	4

Transaction ID : SA11A.351

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

3020.51

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

PAGE 8 OF 23

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. ACCIARD, JULIAN, , ,

Mailing Address 128 NORTH SHORE ROAD

City
DERRYState
NHZip Code
03038Purpose of Disbursement
CAMPAIGN CONSULTING

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
0	7		2	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4333.33

Transaction ID : SB17.I185

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HENRY, TUCKER, , ,

Mailing Address 51 SNELL ROAD

City
LEEState
NHZip Code
03861Purpose of Disbursement
CAMPAIGN CONSULTING

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
0	7		2	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I186

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASHLEY WILLIAMS

Mailing Address 321 SUMMERCOURT DRIVE

City
SUMMERVILLEState
SCZip Code
29485Purpose of Disbursement
CAMPAIGN CONSULTING

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
0	7		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1498.12

Transaction ID : SB17.I196

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

7331.45

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. ASHLEY WILLIAMS

Mailing Address 321 SUMMERCOURT DRIVE

City
SUMMERVILLEState
SCZip Code
29485Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1498.11

Transaction ID : SB17.I204

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ASHLEY WILLIAMS

Mailing Address 321 SUMMERCOURT DRIVE

City
SUMMERVILLEState
SCZip Code
29485Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1498.11

Transaction ID : SB17.I212

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BATTLEGROUND STRATEGIESMailing Address 3545 13TH STREET NORTHWEST
UNIT 3City
WASHINGTONState
DCZip Code
20010Purpose of Disbursement
STRATEGIC CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I177

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

6996.22

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. BATTLEGROUND STRATEGIESMailing Address 3545 13TH STREET NORTHWEST
UNIT 3City
WASHINGTONState
DCZip Code
20010Purpose of Disbursement
STRATEGIC CONSULTING

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
0	7		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

6000.00

Transaction ID : SB17.I181

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BATTLEGROUND STRATEGIESMailing Address 3545 13TH STREET NORTHWEST
UNIT 3City
WASHINGTONState
DCZip Code
20010Purpose of Disbursement
STRATEGIC CONSULTING

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
0	8		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.I190

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
DATABASE SERVICES

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
0	7		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I178

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

10800.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
DATABASE SERVICES

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
0	8		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I188

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
DATABASE SERVICES

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
0	7		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3.45

Transaction ID : SB17.I195

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
ONLINE SERVICES

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
0	7		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

160.00

Transaction ID : SB17.I200

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

963.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. CONSTANT CONTACT

Mailing Address 1601 TRAPELO ROAD

City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
ONLINE SERVICES

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
0	8		1	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

160.00

Transaction ID : SB17.I210

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTION CFO

Mailing Address PO BOX 26141

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	7		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2043.63

Transaction ID : SB17.I182

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTION CFO

Mailing Address PO BOX 26141

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
COMPLIANCE CONSULTING

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
0	8		0	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2048.00

Transaction ID : SB17.I187

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

4251.63

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.I193

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

528.00

Transaction ID : SB17.I197

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

523.92

Transaction ID : SB17.I205

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

1097.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.I207

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

520.33

Transaction ID : SB17.I213

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
SUITE 5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I199

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

626.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE NORTHEAST
SUITE 5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
ONLINE SERVICES

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
0	8		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I211

☐ Memo Item**B. NEW HAMPSHIRE FEDERATION OF REPUBLICAN WOMEN (NHFRW)**

Mailing Address PO BOX 4813

City
MANCHESTERState
NHZip Code
03108Purpose of Disbursement
EVENT TICKETS

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
0	7		2	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.I176

☐ Memo Item**C. SPECTRUM MONTHLY INC.**Mailing Address 95 EDDY ROAD
SUITE 101City
MANCHESTERState
NHZip Code
03102Purpose of Disbursement
PRINTING

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
0	7		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3355.00

Transaction ID : SB17.I179

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

4515.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. SPECTRUM MONTHLY INC.Mailing Address 95 EDDY ROAD
SUITE 101City
MANCHESTERState
NHZip Code
03102Purpose of Disbursement
PRINTING

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
0	7		1	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

648.00

Transaction ID : SB17.I180

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM MONTHLY INC.Mailing Address 95 EDDY ROAD
SUITE 101City
MANCHESTERState
NHZip Code
03102Purpose of Disbursement
PRINTING

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
0	7		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1230.00

Transaction ID : SB17.I184

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM MONTHLY INC.Mailing Address 95 EDDY ROAD
SUITE 101City
MANCHESTERState
NHZip Code
03102Purpose of Disbursement
PRINTING

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
0	8		1	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

646.25

Transaction ID : SB17.I189

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

2524.25

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. VISTAPRINT

Mailing Address 95 HAYDEN AVENUE

City
LEXINGTONState
MAZip Code
02421Purpose of Disbursement
PRINTING

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
0	8		0	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

316.88

Transaction ID : SB17.I206

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
FUNDRAISING 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
0	7		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

34.57

Transaction ID : SB17.I203

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
FUNDRAISING 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
0	8		2	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

80.86

Transaction ID : SB17.I214

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

432.31

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

39538.56

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. HILLSBOROUGH COUNTY REPUBLICAN COMMITTEE

Mailing Address PO BOX 155

City
WEAREState
NHZip Code
03281Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

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
0	7		1	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

675.00

Transaction ID : SB21.I194

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERRIMACK REPUBLICAN TOWN COMMITTEE

Mailing Address 38 BELMONT DRIVE

City
MERRIMACKState
NHZip Code
03054Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

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
0	7		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : SB21.I198

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MERRIMACK REPUBLICAN TOWN COMMITTEE

Mailing Address 38 BELMONT DRIVE

City
MERRIMACKState
NHZip Code
03054Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

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
0	7		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB21.I202

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

875.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. NEW HAMPSHIRE YOUNG REPUBLICANS

Mailing Address 10 WATER STREET

Date of Disbursement

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

City
CONCORDState
NHZip Code
03301

FEC Identification Number

C

Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I192

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. TOWN OF LONDONDERRY - OLD HOME DAY

Mailing Address 268B MAMMOTH ROAD

Date of Disbursement

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

City
LONDONDERRYState
NHZip Code
03053

FEC Identification Number

C

Purpose of Disbursement
CONTRIBUTION (NON-FEDERAL)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I191

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2000.00

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

2875.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.44

Bright for Congress

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

Election: 2024

☒ Primary Candidate Loan
☐ General
☐ Other (specify) ▼

BRIGHT, CHRIS, , ,

Mailing Address
PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 27 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0%
% (apr)☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

45000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.80

Bright for Congress

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

Election: 2024

☒ Primary Candidate Loan
☐ General
☐ Other (specify) ▼Mailing Address
PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 23 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

20000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 22 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.81

Bright for Congress

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

Election: 2024

☒ Primary Candidate Loan
☐ General
☐ Other (specify) ▼

BRIGHT, CHRIS, , ,

Mailing Address

PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 27 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ➤

40000.00

TOTALS This Period (last page in this line only) ➤

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.121

Bright for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BRIGHT, CHRIS, , ,

Mailing Address

PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 27 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0% % (apr)

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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

205000.00

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