

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

DCCC

ADDRESS (number and street)

430 SOUTH CAPITOL STREET, SE

2ND FLOOR

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20003-4024

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00000935

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

M M M

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

MERZ, JULIE, , ,

Signature of Treasurer

MERZ, JULIE, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

DCCC

Report Covering the Period:

From:

MM / DD / YYYY
02 / 01 / 2025

To:

MM / DD / YYYY
02 / 28 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		24232592.09
(b) Cash on Hand at Beginning of Reporting Period.....	24468134.42	
(c) Total Receipts (from Line 19)	11115515.36	20277562.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	35583649.78	44510154.81
7. Total Disbursements (from Line 31)	8909071.69	17835576.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26674578.09	26674578.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	12500000.00	



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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

DCCC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
02	/	01	/	2025

To:

M M	/	D D	/	Y Y Y Y
02	/	28	/	2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3308721.09	4538871.77
(ii) Unitemized	3288233.32	5817212.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6596954.41	10356084.39
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3097276.00	6228387.41
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9694230.41	16584471.80
12. Transfers From Affiliated/Other Party Committees.....	476700.00	1013500.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	25299.99	25648.89
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	919284.96	2653942.03
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11115515.36	20277562.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11115515.36	20277562.72

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	4141270.05	9610520.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4141270.05	9610520.84
22. Transfers to Affiliated/Other Party Committees.....	20000.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	4500000.00	7500000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	28739.82	65966.94
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	43739.82	80966.94
29. Other Disbursements (Including Non-Federal Donations).....	204061.82	624088.94
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8909071.69	17835576.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8909071.69	17835576.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9694230.41	16584471.80
34. Total Contribution Refunds (from Line 28(d))	43739.82	80966.94
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9650490.59	16503504.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4141270.05	9610520.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	25299.99	25648.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	4115970.06	9584871.95

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ABARBANEL, JAY, S., ,

Mailing Address 2552 AIKEN AVE

City
LOS ANGELESState
CAZip Code
90064-3306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMPIRE PROPERTIESOccupation (for Individual)
PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720034

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. ABLER, PAT, , ,

Mailing Address 9233 LAKE BRADDOCK DR

City
BURKEState
VAZip Code
22015-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERIOR DEPARTMENTOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781666

Amount of Each Receipt this Period

335.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ABRAMOWITZ, MICHAEL, E, ,

Mailing Address 10310 RIVERWOOD DR

City
POTOMACState
MDZip Code
20854-1538FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44706503

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

1085.00

: 97 'A-G79 @5 B9CI G'H9LH'F9 @5 H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

REGARDING CONTRIBUTIONS TO THE COMMITTEE FROM INDIVIDUALS WITH MAILING ADDRESSES OUTSIDE OF THE UNITED STATES OF AMERICA, THE COMMITTEE HAS ESTABLISHED PROCEDURES IN COMPLIANCE WITH FEDERAL LAW AND REGULATIONS AND COMMISSION ADVISORY OPINIONS TO ENSURE THAT IT DOES NOT KNOWINGLY ACCEPT, AND HAS NOT KNOWINGLY ACCEPTED, ANY CONTRIBUTIONS FROM FOREIGN NATIONALS OR FROM OTHER PROHIBITED SOURCES. IN DESIGNING AND IMPLEMENTING THESE PROCEDURES, THE COMMITTEE HAS GIVEN SPECIAL CARE TO THE PROCESS OF ACCEPTING CONTRIBUTIONS FROM DONOR WHO MAY LIVE ABROAD TO ENSURE THAT CONTRIBUTIONS ARE NOT KNOWINGLY RECEIVED FROM FOREIGN NATIONALS. DONORS WHO CONTRIBUTE ONLINE ARE REQUESTED FIRST TO CONFIRM THAT THEY ARE EITHER A UNITED STATES CITIZEN OR A LAWFULLY ADMITTED PERMANENT RESIDENT OF THE UNITED STATES. ANY CONTRIBUTION FOUND TO BE FROM A FOREIGN NATIONAL OR ANY OTHER PROHIBITED SOURCE IS PROMPTLY REFUNDED IN ACCORDANCE WITH FEDERAL LAW AND REGULATIONS.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ABRAMS, JOYCE, , ,

Mailing Address 5489 TAKILMA RD

City
CAVE JUNCTIONState
ORZip Code
97523-9728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795164

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ABSOLON, MARY, , ,

Mailing Address 4321 W 42ND ST

City
MINNEAPOLISState
MNZip Code
55416-5055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681843

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

C. ACUNTO, KAROLIN, , ,

Mailing Address 2 AVENUE A

City
KINGS PARKState
NYZip Code
11754-2502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766275

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ADAMS, SALLY, P., ,

Mailing Address 688 TIFFANY MDWS NE

City
BAINBRIDGE ISLANDState
WAZip Code
98110-3923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793144**

Amount of Each Receipt this Period

6000.00

☐ Memo Item

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

B. ADAMUCCI, WILLIAM, , ,

Mailing Address 623 37TH AVE

City
SEATTLEState
WAZip Code
98122-6421FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44677768**

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. ADDISON, DAVID, A., ,

Mailing Address 729 BURWELL AVE

City
STAUNTONState
VAZip Code
24401-3225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694806**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AESCHLIMAN, DANIEL, , ,

Mailing Address 517 TAMARACK LN

City
SAGLEState
IDZip Code
83860-8500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667336

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. AESCHLIMAN, DANIEL, , ,

Mailing Address 517 TAMARACK LN

City
SAGLEState
IDZip Code
83860-8500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667337

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. AESCHLIMAN, DANIEL, , ,

Mailing Address 517 TAMARACK LN

City
SAGLEState
IDZip Code
83860-8500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44681852

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AFRAM, JACQUELIN, , ,

Mailing Address 1617 N QUINCY ST

City
ARLINGTONState
VAZip Code
22207-3647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660800

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. AFRAM, JACQUELIN, , ,

Mailing Address 1617 N QUINCY ST

City
ARLINGTONState
VAZip Code
22207-3647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734808

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

C. AGATSTEIN, SHARI, , ,

Mailing Address 11 FAIRVIEW AVE

City
ARLINGTONState
MAZip Code
02474-1215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKELMIR, LLCOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720062

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

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

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AHMAD-LLEWELLYN, SHAHARA, , ,Mailing Address 300 CENTRAL PARK W
APT 17DCity
NEW YORKState
NYZip Code
10024-1594FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PHILADELPHIA COCA-COLA BOTTLINGOccupation (for Individual)
VICE-CHAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756590

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. AHRENS, WILLIAM, K, ,

Mailing Address 16215 13TH AVE SW

City
BURIENState
WAZip Code
98166-2813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695461

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. AHUERO, MANUEL, , ,

Mailing Address 2063 SALTO DR

City
HACIENDA HEIGHTSState
CAZip Code
91745-4213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753539

Amount of Each Receipt this Period

130.00

☐ Memo Item

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

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

5630.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. AINSWORTH, CHARLES, H., ,

Mailing Address 15 PARK AVE

City

OLD GREENWICH

State

CT

Zip Code

06870-1722

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

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : 44695259

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. ALABAMA-COUSHATTA TRIBE

Mailing Address 571 STATE PARK ROAD 56

City

LIVINGSTON

State

TX

Zip Code

77351-4540

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

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

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

Transaction ID : 44667130

Amount of Each Receipt this Period

15000.00

☐ Memo Item

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

C. ALAPA, LYNN, , ,

Mailing Address PO BOX 1154

City

KILAUEA

State

HI

Zip Code

96754-1154

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

Name of Employer (for Individual)

HAWAIIAN SURFING ADVENTURES

Occupation (for Individual)

SMALL BUSINESS OWNER

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

Transaction ID : 44770387

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ALBERGHETTI, ANNA, , ,

Mailing Address 10333 CHRYSANTHEMUM LN

City
LOS ANGELESState
CAZip Code
90077-2812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655160**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. ALBERS, DALE, , ,Mailing Address 307 GEORGE ST
APT DCity
ALTONState
ILZip Code
62002-2456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44677781**

Amount of Each Receipt this Period

312.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. ALBERS, WILLIAM, H., ,

Mailing Address 11923 N HICKORY GROVE RD

City
DUNLAPState
ILZip Code
61525-9259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ILLINOISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44633983**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

912.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ALBERTO, DONNA, , ,

Mailing Address 5927 EMBRY SPRING LN

City
ALEXANDRIAState
VAZip Code
22315-5597FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660744

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. ALBOHN, GAIL, , ,Mailing Address 4540 N OCEAN DR
APT 402City
LAUDERDALE BY THE SEAState
FLZip Code
33308-3630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641851

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

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

C. ALBOHN, GAIL, , ,Mailing Address 4540 N OCEAN DR
APT 402City
LAUDERDALE BY THE SEAState
FLZip Code
33308-3630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44652632

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

403.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALBRECHT, SUZANNE, F., ,

Mailing Address 42 BUTTONWOOD DR

City
EXTONState
PAZip Code
19341-2061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731215**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. ALCALA, SANDRA, , ,

Mailing Address 2211 12TH PL NW

City
WASHINGTONState
DCZip Code
20009-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVOQOccupation (for Individual)
SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660714**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

C. ALCINDOR, ADELE, , ,

Mailing Address 11 WOODVIEW RD

City
WEST HEMPSTEADState
NYZip Code
11552-2671FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763984**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2415.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALCINDOR, ADELE, , ,

Mailing Address 11 WOODVIEW RD

City
WEST HEMPSTEADState
NYZip Code
11552-2671FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787642

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ALCOULOU MRE, DEBRA, , ,

Mailing Address 60 LOCKSLY LN

City
SAN RAFAELState
CAZip Code
94901-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 44633988

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. ALDRICH, HOPE, , ,

Mailing Address 3111 KENDAL WAY

City
SLEEPY HOLLOWState
NYZip Code
10591-0015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : 44688561

Amount of Each Receipt this Period

1500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646254

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667375

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.00

Date of Receipt

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

Transaction ID : 44688562

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

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

87.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44707619

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44733183

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

C. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

346.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745674

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

77.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALEMAN, BRENDA, , ,

Mailing Address 903 SWALLOW CREST CT

City
EDGEWOODState
MDZip Code
21040-3814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785361

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ALEX, ELIZABETH, , ,Mailing Address 3455 BAHIA BLANCA W
UNIT BCity
LAGUNA WOODSState
CAZip Code
92637-2887FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONARCH HOME SALESOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720080

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

C. ALEX, SHEELA, , ,

Mailing Address 664 STRATFORD DR

City
ENCINITASState
CAZip Code
92024-4545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695476

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ALEX, SHEELA, , ,

Mailing Address 664 STRATFORD DR

City
ENCINITASState
CAZip Code
92024-4545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754051

Amount of Each Receipt this Period

43.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. ALEXANDER, JANE, M, ,

Mailing Address 900 N ATWATER DR

City
MALVERNState
PAZip Code
19355-0078FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44652640

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

C. ALEXANDER, PAUL, , ,

Mailing Address 1076 CAROLINA VILLAGE RD

City
HENDERSONVILLEState
NCZip Code
28792-3886FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667140

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

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

353.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALEXANDER, SAMUEL, , ,

Mailing Address 7201 TRESCOTT AVE

City
TAKOMA PARKState
MDZip Code
20912-6403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US GOVERNMENTOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792050

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ALEXANDER, TOM, , ,

Mailing Address 35 NICHOLL AVE

City
RICHMONDState
CAZip Code
94801-3918FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768619

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. ALGER, RICHARD, , ,

Mailing Address 690 SE 22ND LN

City
HOMESTEADState
FLZip Code
33033-5220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729412

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, BARBARA, , ,

Mailing Address 1040 CUMBERLAND RD

City
WATKINSVILLEState
GAZip Code
30677-2370FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720093

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. ALLEN, BARBARA, , ,

Mailing Address 1040 CUMBERLAND RD

City
WATKINSVILLEState
GAZip Code
30677-2370FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749579

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. ALLEN, BRANDON, , ,

Mailing Address 1630 FINCH LN

City
MOUNDState
MNZip Code
55364-1222FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770817

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, CAROL, , ,

Mailing Address 202 SPOONER AVE

City
WARWICKState
RIZip Code
02886-2036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759320

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. ALLEN, DAVID, , ,

Mailing Address 309 HIGH ST

City
FREELANDState
WAZip Code
98249-9745FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 44634010

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. ALLEN, MARGARET, E., ,

Mailing Address 311 BROXTON RD

City
BALTIMOREState
MDZip Code
21212-3532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AGM FINANCIAL SERVICES, INCOccupation (for Individual)
MORTGAGE BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720092

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

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

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681881**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

B. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695493**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695501**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780404

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797980

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799537

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

45.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800304

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ALLEN, PAUL, , ,

Mailing Address 88 BROADWAY

City
OSSININGState
NYZip Code
10562-4153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAPLANOccupation (for Individual)
IT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800664

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ALLEN, SHERYL, , ,

Mailing Address 11251 NASSAU CIR NE

City
MINNEAPOLISState
MNZip Code
55449-5487FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONDUENTOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44652666

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1032.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, THEODORE, , ,

Mailing Address 1580 CARDIFF RD

City
UPPER ARLINGTONState
OHZip Code
43221-3912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE OHIO STATE UNIVERSITYOccupation (for Individual)
ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707655

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. ALLEN, THEODORE, , ,

Mailing Address 1580 CARDIFF RD

City
UPPER ARLINGTONState
OHZip Code
43221-3912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE OHIO STATE UNIVERSITYOccupation (for Individual)
ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726560

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. ALLEN, THEODORE, , ,

Mailing Address 1580 CARDIFF RD

City
UPPER ARLINGTONState
OHZip Code
43221-3912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE OHIO STATE UNIVERSITYOccupation (for Individual)
ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745696

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLEN, THEODORE, , ,

Mailing Address 1580 CARDIFF RD

City
UPPER ARLINGTONState
OHZip Code
43221-3912FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE OHIO STATE UNIVERSITYOccupation (for Individual)
ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756121

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. ALLENDER, ERIC, , ,

Mailing Address 80 RICHMOND DR

City
SKILLMANState
NJZip Code
08558-1819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787711

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ALLEY, HENRY, M., ,

Mailing Address 3550 HIGH ST

City
EUGENEState
ORZip Code
97405-3861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732212

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

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

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ALLING, ALBERT, M., ,

Mailing Address 5111 25TH RD N

City
ARLINGTONState
VAZip Code
22207-2628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724611

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

B. ALLISON, MICHAEL, , ,

Mailing Address 10 HARBORD CT

City
OAKLANDState
CAZip Code
94618-2503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752732

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. ALPERS, CHARLES, , ,

Mailing Address 5538 NE PENRITH RD

City
SEATTLEState
WAZip Code
98105-2845FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WASHINGTONOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685256

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

5505.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALPERT, GISELA, , ,

Mailing Address 400 S OCEAN BLVD

City
DELRAY BEACHState
FLZip Code
33483-6659FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695510**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. ALSTON, JAMES, , ,Mailing Address 800 RIVERSIDE DR
APT 5ACity
NEW YORKState
NYZip Code
10032-7406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795680**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ALSTON, MICHAEL, , ,

Mailing Address 2 KLARIDES VILLAGE DR

City
SEYMOURState
CTZip Code
06483-2737FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEOPLES UNITED BANKOccupation (for Individual)
STRATEGIC ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795519**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ALTER, HARVEY, J., ,Mailing Address 5610 WISCONSIN AVE
APT 402City
CHEVY CHASEState
MDZip Code
20815-4429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NIHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740864**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. AMATRUDA, WILLIAM, T., ,

Mailing Address 9506 SAINT ANDREWS WAY

City
SILVER SPRINGState
MDZip Code
20901-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44765813**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

C. AMBROSICH, DAPHNE, , ,

Mailing Address PO BOX 3984

City
MODESTOState
CAZip Code
95352-3984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCSOccupation (for Individual)
SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646274**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. AMBROSICH, DAPHNE, , ,

Mailing Address PO BOX 3984

City
MODESTOState
CAZip Code
95352-3984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCSOccupation (for Individual)
SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745662**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. AMBROSICH, DAPHNE, , ,

Mailing Address PO BOX 3984

City
MODESTOState
CAZip Code
95352-3984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCSOccupation (for Individual)
SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751698**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. AMBROSICH, DAPHNE, , ,

Mailing Address PO BOX 3984

City
MODESTOState
CAZip Code
95352-3984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCSOccupation (for Individual)
SPEECH THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784798**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AMEND, MICHAEL, , ,

Mailing Address 2433 PASEO DEL REY

City
PALM SPRINGSState
CAZip Code
92264-9519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766694**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

B. AMEY, MICHAEL, , ,

Mailing Address 1205 STEVENSON LN

City
TOWSONState
MDZip Code
21286-7334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNS HOPKINS UNIVERSITYOccupation (for Individual)
ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677807**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. ANCELL, RONALD, , ,

Mailing Address 14315 N COPPERSTONE DR

City
ORO VALLEYState
AZZip Code
85755-9318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728634**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDELSON, JONATHAN, G., ,

Mailing Address 850 JUNIPER AVE

City
KELLOGGState
IAZip Code
50135-8677FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GRINNELL COLLEGEOccupation (for Individual)
COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763769**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. ANDERSEN, ELIZABETH, , ,

Mailing Address 4345 MIDDLESEX DR

City
SAN DIEGOState
CAZip Code
92116-2141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747827**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. ANDERSEN, STANLEY, , ,

Mailing Address 1455 BOCA RIO DR

City
MELBOURNEState
FLZip Code
32940-6220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681903**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

470.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDERSEN, STANLEY, , ,

Mailing Address 1455 BOCA RIO DR

City
MELBOURNEState
FLZip Code
32940-6220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695529**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. ANDERSEN, STANLEY, , ,

Mailing Address 1455 BOCA RIO DR

City
MELBOURNEState
FLZip Code
32940-6220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736652**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. ANDERSEN, STANLEY, , ,

Mailing Address 1455 BOCA RIO DR

City
MELBOURNEState
FLZip Code
32940-6220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746254**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDERSON, ALICIA, , ,

Mailing Address 88 BRISTOL PL

City
GOLETAState
CAZip Code
93117-1949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731593**

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

B. ANDERSON, ANN, B., ,Mailing Address 700 JOHN RINGLING BLVD
T1901City
SARASOTAState
FLZip Code
34236-1542FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730992**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. ANDERSON, ANNE-SIGRID, C., ,

Mailing Address 6001 27TH RD N

City
ARLINGTONState
VAZip Code
22207-1234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724190**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDERSON, DAVID, , ,

Mailing Address 2341 SUPERIOR ST

City
MADISONState
WIZip Code
53704-4631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 16 2025

Transaction ID : 44707709

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. ANDERSON, DAVID, , ,

Mailing Address 110 HARRINGTON AVE
UNIT 101City
SHELBURNEState
VTZip Code
05482-7214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 20 2025

Transaction ID : 44731332

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

C. ANDERSON, ELLEN, , ,

Mailing Address 702 CAVALCADE CIR

City
NAPERVILLEState
ILZip Code
60540-7633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 23 2025

Transaction ID : 44735691

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

670.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDERSON, JEANNE, , ,

Mailing Address 604 N ARDEN DR

City
BEVERLY HILLSState
CAZip Code
90210-3510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781463

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ANDERSON, JEANNE, , ,

Mailing Address 604 N ARDEN DR

City
BEVERLY HILLSState
CAZip Code
90210-3510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785929

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ANDERSON, JOHN, , ,

Mailing Address 716 POPPY AVE

City
CORONA DEL MARState
CAZip Code
92625-2514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726582

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

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

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDERSON, THOR, , ,

Mailing Address 16209 VALLEY ESTATES CT

City
WILDWOODState
MOZip Code
63005-6911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 44688615

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. ANDERSON, THOR, , ,

Mailing Address 16209 VALLEY ESTATES CT

City
WILDWOODState
MOZip Code
63005-6911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762943

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

C. ANDERSON, THOR, , ,

Mailing Address 16209 VALLEY ESTATES CT

City
WILDWOODState
MOZip Code
63005-6911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780388

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDREWS, JOHN, , ,

Mailing Address 2525 TAFT DR
APT 409City
BOULDERState
COZip Code
80302-6851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707756

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. ANDREWS, JOHN, , ,

Mailing Address 2525 TAFT DR
APT 409City
BOULDERState
COZip Code
80302-6851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745511

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. ANDREWS, JOHN, , ,

Mailing Address 2525 TAFT DR
APT 409City
BOULDERState
COZip Code
80302-6851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763220

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

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

111.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDREWS, REBECCA, , ,

Mailing Address 4355 29TH AVE

City
MARIONState
IAZip Code
52302-6228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720118

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. ANDREWS, RICHARD, , ,Mailing Address 14835 RIO GRANDE DR
ACity
MORENO VALLEYState
CAZip Code
92553-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769047

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. ANDREWS, RICHARD, , ,Mailing Address 14835 RIO GRANDE DR
ACity
MORENO VALLEYState
CAZip Code
92553-5014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788925

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

526.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDREWS, RICHARD, , ,

Mailing Address 14835 RIO GRANDE DR

A

City

MORENO VALLEY

State

CA

Zip Code

92553-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792238

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ANDREWS, RICHARD, , ,

Mailing Address 14835 RIO GRANDE DR

A

City

MORENO VALLEY

State

CA

Zip Code

92553-5014

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796713

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ANDRUSS, PETER, , ,

Mailing Address 20131 COHEN DR

City

JUNEAU

State

AK

Zip Code

99801-8211

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769069

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

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

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANDRUSS, PETER, , ,

Mailing Address 20131 COHEN DR

City
JUNEAUState
AKZip Code
99801-8211FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44771038

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

B. ANGELIDES, NICK, , ,

Mailing Address 408 E CROSS CREEK LN

City
SALT LAKE CTYState
UTZip Code
84107-4984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44722277

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. ANTWINE, KRISTINE, , ,

Mailing Address 505 PIRO AVE

City
LAS CRUCESState
NMZip Code
88001-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750525

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ANTWINE, KRISTINE, , ,

Mailing Address 505 PIRO AVE

City
LAS CRUCESState
NMZip Code
88001-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764529

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. ANZALDUA, RICARDO, , ,Mailing Address 8210 CRESTWOOD HEIGHTS DR
731City
FARMINGTONState
CTZip Code
06032FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREDDIE MACOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44681920

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

C. ANZALDUA, RICARDO, , ,Mailing Address 8210 CRESTWOOD HEIGHTS DR
731City
FARMINGTONState
CTZip Code
06032FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREDDIE MACOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780554

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ANZALDUA, RICARDO, , ,Mailing Address 8210 CRESTWOOD HEIGHTS DR
731City
FARMINGTONState
CTZip Code
06032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREDDIE MACOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789032

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. APATOFF, DAVID, , ,

Mailing Address 4102 N RIVER ST

City
MCLEANState
VAZip Code
22101-5814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARNOLD AND PORTEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797068

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. APPELT, KEN, , ,

Mailing Address 1907 COMAL CIR

City
COLLEGE STATIONState
TXZip Code
77840-4818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681921

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

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

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ARAC, JONATHAN, , ,

Mailing Address 1931 SUNRISE DR

City
FERNANDINA BEACHState
FLZip Code
32034-2422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PITTSBURGHOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681925**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

B. ARCHER, BRANCH, , ,

Mailing Address 4806 PARK LN

City
AUSTINState
TXZip Code
78732-1733FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634123**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. ARLES, DENYSE, , ,

Mailing Address PO BOX 604

City
GLENDDORAState
CAZip Code
91740-0604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747336**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ARMSTRONG, STEVE, , ,

Mailing Address 322 6TH AVE N

City
SOUTH SAINT PAULState
MNZip Code
55075-2044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786860

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ARMSTRONG, THOMAS, F., ,

Mailing Address PO BOX 574

City
MAGGIE VALLEYState
NCZip Code
28751-0574FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800023

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ARNOLD, AMY, , ,

Mailing Address 2017 N STAFFORD ST

City
ARLINGTONState
VAZip Code
22207-3117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KAISER PERMANENTEOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800488

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARNOLD, BETTY, J., ,

Mailing Address 714 CEDAR ST

City
BIG RAPIDSState
MIZip Code
49307-2410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735585

Amount of Each Receipt this Period

700.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. ARNOLD, CECILE, , ,Mailing Address 302 LINDEN PONDS WAY
UNIT 505City
HINGHAMState
MAZip Code
02043-3771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660892

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. ARNOLD, CECILE, , ,Mailing Address 302 LINDEN PONDS WAY
UNIT 505City
HINGHAMState
MAZip Code
02043-3771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : 44677832

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

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

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARNOLD, CECILE, , ,

Mailing Address 302 LINDEN PONDS WAY
UNIT 505City
HINGHAMState
MAZip Code
02043-3771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726611

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

B. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44652765

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

C. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44652767

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1685.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667526

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1685.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667527

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695597

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2185.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707853

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702817

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2610.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755591

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

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

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780107

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ARNOLD, JOHN, L, ,

Mailing Address PO BOX 446

City
RIDGECRESTState
CAZip Code
93556-0446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DCSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786515

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ARREDONDO, RUTH, , ,

Mailing Address 1040 E DERBY DR

City
TEMPEState
AZZip Code
85284-1537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660899

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

737.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ARREDONDO, RUTH, , ,

Mailing Address 1040 E DERBY DR

City
TEMPEState
AZZip Code
85284-1537FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749298

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. ASH, KAREN, E, ,

Mailing Address 6413 MOSSY OAKS DR

City
LOUISVILLEState
KYZip Code
40291-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUMANA, INC.Occupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726618

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. ASH, MARILYN, M, ,

Mailing Address 5424 SW 23RD TER

City
TOPEKAState
KSZip Code
66614-1612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780187

Amount of Each Receipt this Period

20.26

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

145.26

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. ASH, MARILYN, M, ,

Mailing Address 5424 SW 23RD TER

City
TOPEKAState
KSZip Code
66614-1612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792298

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. ASH, MARILYN, M, ,

Mailing Address 5424 SW 23RD TER

City
TOPEKAState
KSZip Code
66614-1612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794654

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. ASH, MITCHELL, , ,Mailing Address 1 GEBHARDTGASSE
3/5City
VIENNA AUSTRIAState
ZZZip Code
00000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667543

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ASH, MITCHELL, , ,Mailing Address 1 GEBHARDTGASSE
3/5City
VIENNA AUSTRIAState
ZZZip Code
00000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667546**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. ASHBY, CHESTER, , ,Mailing Address 21 WOODLEE RD
APT 325City
STAUNTONState
VAZip Code
24401-5303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723029**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. ASHTON, JEANNINE, ANNE, ,Mailing Address 5690 SAN PABLO AVE
APT 317City
OAKLANDState
CAZip Code
94608-2799FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WALGREENSOccupation (for Individual)
CASHIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748726**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. ATHANASSIOU, NICHOLAS, , ,

Mailing Address PO BOX 882

City
EAST ORLEANSState
MAZip Code
02643-0882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHEASTERN UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702830**

Amount of Each Receipt this Period

60.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

B. ATHANASSIOU, NICHOLAS, , ,

Mailing Address PO BOX 882

City
EAST ORLEANSState
MAZip Code
02643-0882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHEASTERN UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789031**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. AUER, EUGENE, RICHARD, ,

Mailing Address 128 SHELDON LN

City
LITCHFIELDState
CTZip Code
06759-3420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683957**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

660.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AUGER, RAYMOND, , ,

Mailing Address 10 BRETTON WAY

City
MOUNT LAURELState
NJZip Code
08054-3104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685620

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. AUSTIN, ALAN, , ,

Mailing Address 2 ORCHARD HILLS ST

City
ATHERTONState
CAZip Code
94027-5458FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SILVER LAKEOccupation (for Individual)
INVESTMENT PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681959

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

C. AUSTIN, KATHLEEN, G., ,

Mailing Address PO BOX CR

City
BISBEEState
AZZip Code
85603-0195FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 44677609

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AVENI, VIRGINIA, L, ,

Mailing Address 1600 CLUBSIDE RD

City
LYNDHURSTState
OHZip Code
44124-2511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634188**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

B. AVENI, VIRGINIA, L, ,

Mailing Address 1600 CLUBSIDE RD

City
LYNDHURSTState
OHZip Code
44124-2511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769174**

Amount of Each Receipt this Period

20.23

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. AVERY, CLIFF, , ,

Mailing Address PO BOX 676

City
PFLUGERVILLEState
TXZip Code
78691-0676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GILLELAND CREEK PRESSOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681963**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

220.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. AVERY, CLIFF, , ,

Mailing Address PO BOX 676

City
PFLUGERVILLEState
TXZip Code
78691-0676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GILLELAND CREEK PRESSOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789612**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. AYRAL, ODILE, , ,

Mailing Address 300 FERRINI RD

City
SAN LUIS OBISPOState
CAZip Code
93405-1149FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755179**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

C. BABIN, REGINALD, , ,

Mailing Address 2001 K ST NW

City
WASHINGTONState
DCZip Code
20006-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKINOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44735577**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BABLER, WILLIAM, , ,

Mailing Address 726 FOXTAIL RUN

City
SAN MARCOSState
TXZip Code
78666-5038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770048

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

B. BABLER, WILLIAM, , ,

Mailing Address 726 FOXTAIL RUN

City
SAN MARCOSState
TXZip Code
78666-5038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795302

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BACH, ROBERT, , ,

Mailing Address 545 W END AVE

City
NEW YORKState
NYZip Code
10024-2713FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791014

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

155.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BACHMAN, JOHN, , ,

Mailing Address 4765 POMARINE CIR

City
PEACHTREE CORNERSState
GAZip Code
30092-4943FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HAGGAI INTERNATIONALOccupation (for Individual)
CHIEF GLOBAL RESEARCH OFC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706784

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BACHMAN, NEAL, KENYON, ,

Mailing Address 511 N 10TH ST

City
GARDEN CITYState
KSZip Code
67846-5205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753747

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

C. BACHNER, ANNE, , ,

Mailing Address 4091 COUNTY ROAD Z

City
DODGEVILLEState
WIZip Code
53533-8933FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : 44681427

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BACKER, ANN, , ,

Mailing Address 7181 SMITTEN FARM LN

City
THE PLAINSState
VAZip Code
20198-1930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780815

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BACON, DOROTHY, , ,

Mailing Address 1715 HOBAN RD NW

City
WASHINGTONState
DCZip Code
20007-2036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
JOURNALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : 44677860

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. BADE, MICHAEL, , ,

Mailing Address 526 PACHECO ST

City
SAN FRANCISCOState
CAZip Code
94116-1345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : 44677861

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

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

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BADE, MICHAEL, , ,

Mailing Address 526 PACHECO ST

City
SAN FRANCISCOState
CAZip Code
94116-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681974

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

B. BADE, MICHAEL, , ,

Mailing Address 526 PACHECO ST

City
SAN FRANCISCOState
CAZip Code
94116-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799468

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BADE, MIKE, , ,

Mailing Address 2470 COUNTY RD E

City
WOODVILLEState
WIZip Code
54028-7012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOSTENSOccupation (for Individual)
SR APPLICATIONS ARCHITECTURE M

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736426

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BADER, DOUGLAS, , ,

Mailing Address 581 BRISTOLWOOD LN

City
CASTLE PINESState
COZip Code
80108-7906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740624

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BADER, DOUGLAS, , ,

Mailing Address 581 BRISTOLWOOD LN

City
CASTLE PINESState
COZip Code
80108-7906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789485

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BADING, JAMES, , ,

Mailing Address 2010 FAIR OAKS AVE

City
SOUTH PASADENAState
CAZip Code
91030-4606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686489

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

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

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAEDKE, DIANNE, , ,

Mailing Address 76533 MCKAY RD

City
BRUCEState
MIZip Code
48065-2708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44652831

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BAEDKE, DIANNE, , ,

Mailing Address 76533 MCKAY RD

City
BRUCEState
MIZip Code
48065-2708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786171

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BAEDKE, DIANNE, , ,

Mailing Address 76533 MCKAY RD

City
BRUCEState
MIZip Code
48065-2708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790850

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BAER, VICTORIA, , ,

Mailing Address 3013 SAMOA PL

City
COSTA MESAState
CAZip Code
92626-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44747201

Amount of Each Receipt this Period

375.00

☐ Memo Item

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

B. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641922

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

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

C. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

428.00

Date of Receipt

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

Transaction ID : 44677864

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

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

Transaction ID : 44688682

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769110

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783898

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAFFES-FEBRY, HELEN, B, ,

Mailing Address 1704 MILAN ST

City
NEW ORLEANSState
LAZip Code
70115-4734FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798829

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BAGLEY, JENNIFER, , ,

Mailing Address 230 DEER RUN

City
MENDONState
VTZip Code
05701-6840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759313

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BAGWELL, KATHY, , ,

Mailing Address 1862 TURNBERRY DR

City
VISTAState
CAZip Code
92081-5349FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763924

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

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

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAHR, ADELAIDE, , ,

Mailing Address 1340 N TEJON ST

City
COLORADO SPRINGSState
COZip Code
80903-2324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747416**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BAILEY, CHRISTOPHER, , ,

Mailing Address 6142 OLD BUST HEAD RD

City
BROAD RUNState
VAZip Code
20137-1919FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634216**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BAILEY, JANET, , ,Mailing Address 1600 N OAK ST
APT 1525City
ARLINGTONState
VAZip Code
22209-2768FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667621**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAILEY, JANET, , ,

Mailing Address 1600 N OAK ST
APT 1525City
ARLINGTONState
VAZip Code
22209-2768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

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

Transaction ID : 44677865

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

B. BAILEY, JANET, , ,

Mailing Address 1600 N OAK ST
APT 1525City
ARLINGTONState
VAZip Code
22209-2768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707967

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BAILEY, JANET, , ,

Mailing Address 1600 N OAK ST
APT 1525City
ARLINGTONState
VAZip Code
22209-2768FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753081

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

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

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAILEY, KENNETH, A, ,

Mailing Address 27260 BECKWOURTH GENESEE RD

City
TAYLORSVILLEState
CAZip Code
95983-9707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785020

Amount of Each Receipt this Period

46.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BAILEY, KENNETH, A, ,

Mailing Address 27260 BECKWOURTH GENESEE RD

City
TAYLORSVILLEState
CAZip Code
95983-9707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788986

Amount of Each Receipt this Period

46.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BAILEY, KENNETH, A, ,

Mailing Address 27260 BECKWOURTH GENESEE RD

City
TAYLORSVILLEState
CAZip Code
95983-9707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790358

Amount of Each Receipt this Period

46.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

138.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BAILEY, KENNETH, A., ,

Mailing Address 27260 BECKWOURTH GENESEE RD

City
TAYLORSVILLEState
CAZip Code
95983-9707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794380**

Amount of Each Receipt this Period

46.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BAILEY, RENA, M., ,

Mailing Address 24261 YELLOW HAMMER CT

City
ALDIEState
VAZip Code
20105-5932FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686131**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BAILEY, VICKI, , ,

Mailing Address PO BOX 17118

City
RENOState
NVZip Code
89511-2893FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677868**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

596.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAILEY, VICKI, , ,

Mailing Address PO BOX 17118

City
RENOState
NVZip Code
89511-2893FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737446**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BAILEY-WILSON, JOAN, , ,

Mailing Address 14549 MANOR RD

City
PHOENIXState
MDZip Code
21131-1722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL INSTITUTES OF HEALTHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695652**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. BAILEY-WILSON, JOAN, , ,

Mailing Address 14549 MANOR RD

City
PHOENIXState
MDZip Code
21131-1722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL INSTITUTES OF HEALTHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785912**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAIN, JEROME, L., ,

Mailing Address 6900 GRACELY DR

City
CINCINNATIState
OHZip Code
45233-1016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF OHIOOccupation (for Individual)
FISCAL SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694623**

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

B. BAKER, ANNE, , ,Mailing Address 60 RIVERSIDE DR
APT PHCCity
NEW YORKState
NYZip Code
10024-6108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723385**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BAKER, CATHERINE, , ,

Mailing Address 11175 SW BOXWOOD CT

City
PORTLANDState
ORZip Code
97223-4219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44766941**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, DENISE, , ,

Mailing Address 2506 SYLVAN RD

City
GREENSBOROState
NCZip Code
27403-1620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC GREENSBOROOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720168

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BAKER, DENISE, , ,

Mailing Address 2506 SYLVAN RD

City
GREENSBOROState
NCZip Code
27403-1620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC GREENSBOROOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734857

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

C. BAKER, DENISE, , ,

Mailing Address 2506 SYLVAN RD

City
GREENSBOROState
NCZip Code
27403-1620FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNC GREENSBOROOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

278.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751595

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, EARL, , ,

Mailing Address 8451 OAK BUSH TER

City
COLUMBIAState
MDZip Code
21045-5652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761033

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. BAKER, JEAN, , ,

Mailing Address 8717 MCDONOGH RD

City
BALTIMOREState
MDZip Code
21208-1021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : 44634227

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BAKER, JEANETTE, , ,

Mailing Address 1882 E STARMIST PL

City
TUCSONState
AZZip Code
85737-3470FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44707544

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, JOSEPH, , ,

Mailing Address 8861 LAKE JORDAN LN

City
NORTH DINWIDDIEState
VAZip Code
23803-6593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788759

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BAKER, JOSEPH, , ,

Mailing Address 8861 LAKE JORDAN LN

City
NORTH DINWIDDIEState
VAZip Code
23803-6593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791274

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BAKER, JOSEPH, , ,

Mailing Address 8861 LAKE JORDAN LN

City
NORTH DINWIDDIEState
VAZip Code
23803-6593FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
FEDERAL EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795263

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

82.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, KATIE, , ,

Mailing Address 116 HIGHLAND DR

City
SHERBURNEState
NYZip Code
13460-5619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707991

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. BAKER, KATIE, , ,

Mailing Address 116 HIGHLAND DR

City
SHERBURNEState
NYZip Code
13460-5619FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798485

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BAKER, MARCIA, , ,

Mailing Address 2121 E SHELBY ST

City
SEATTLEState
WAZip Code
98112-2027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44706505

Amount of Each Receipt this Period

10000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

10150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, RUTH, EMMA, ,Mailing Address 5001 E MAIN ST
LOT 1170City
MESAState
AZZip Code
85205-1308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44707460

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641938

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

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

C. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641940

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

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

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

321.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646353

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660953

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

257.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667645

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

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

50.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681987

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

B. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.48

Date of Receipt

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

Transaction ID : 44688697

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

C. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

296.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44707996

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708003

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702862

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

321.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740499

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749985

Amount of Each Receipt this Period

9.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750185

Amount of Each Receipt this Period

9.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. BAKER, STEVE, , ,Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

354.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756126

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

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

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763056

Amount of Each Receipt this Period

9.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764653

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

C. BAKER, STEVE, , ,

Mailing Address 475 SPRING ST
APT 2ACity
NEVADA CITYState
CAZip Code
95959-2427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KVMR COMMUNITY RADIOOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797668

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

17.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALFOUR, JIM, , ,

Mailing Address 7014 N KAY DR

City
STEPHENSONState
MIZip Code
49887FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720175

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BALFOUR, JIM, , ,

Mailing Address 7014 N KAY DR

City
STEPHENSONState
MIZip Code
49887FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790547

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BALIN, FRAN, , ,

Mailing Address 86 W DEER TRL

City
PAWLINGState
NYZip Code
12564-2170FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764114

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

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

565.00

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

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

FOR LINE NUMBER: PAGE 87 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALKAN, PAUL, , ,

Mailing Address 13001 JAMAICA AVE

City
RICHMOND HILLState
NYZip Code
11418-2612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOSEPH L BALKAN INCOccupation (for Individual)
PLUMBING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44652858

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BALL, GREGORY, , ,

Mailing Address 813 WILLIAM ST

City
BALTIMOREState
MDZip Code
21230-3931FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MARYLANDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728542

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BALL, ROBERT, , ,

Mailing Address 208 COMMODORE DR

City
VERGENNESState
VTZip Code
05491-7506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735572

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALLARD, CHARLES, , ,

Mailing Address 2500 RABY RD

City
EAST LANSINGState
MIZip Code
48823-6906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MICHIGAN STATE UNIVERSITYOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44652862

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BALLARD, MICHAEL, , ,

Mailing Address 1089 PENSIVE LN

City
GREAT FALLSState
VAZip Code
22066-1712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667662

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BALLEEN, KATE, , ,Mailing Address 1148 5TH AVE
APT 12CCity
NEW YORKState
NYZip Code
10128-0807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44726658

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

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

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALLEN, KATE, , ,

Mailing Address 1148 5TH AVE
APT 12CCity
NEW YORKState
NYZip Code
10128-0807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733865

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

B. BALLEN, KATE, , ,

Mailing Address 1148 5TH AVE
APT 12CCity
NEW YORKState
NYZip Code
10128-0807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796211

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BALLEN, KATE, , ,

Mailing Address 1148 5TH AVE
APT 12CCity
NEW YORKState
NYZip Code
10128-0807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798347

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALLENTINE, JOHN, , ,

Mailing Address 3551 WAAKAUA ST

City
HONOLULUState
HIZip Code
96822-1184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667664

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BALLENTINE, JOHN, , ,

Mailing Address 3551 WAAKAUA ST

City
HONOLULUState
HIZip Code
96822-1184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667665

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BALLENTINE, JOHN, , ,

Mailing Address 3551 WAAKAUA ST

City
HONOLULUState
HIZip Code
96822-1184FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737619

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BALLY, ALEX, , ,

Mailing Address 29 WHEELER RD

City
MARSTONS MILLSState
MAZip Code
02648-1133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792076

Amount of Each Receipt this Period

39.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BALOGH, NANCY, , ,

Mailing Address 22 FOUNTAINVIEW DR

City
NEWARKState
DEZip Code
19713-3860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781537

Amount of Each Receipt this Period

21.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BALOGH, NANCY, , ,

Mailing Address 22 FOUNTAINVIEW DR

City
NEWARKState
DEZip Code
19713-3860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791496

Amount of Each Receipt this Period

31.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

91.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BALYEAT, JUDITH, , ,

Mailing Address 11318 HIDALGO CT

City
FORT MYERSState
FLZip Code
33912-9142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724740**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

B. BALZAC, RALPH, , ,Mailing Address 16 DIGITAL WAY
UNIT 215City
MAYNARDState
MAZip Code
01754-2273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702873**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BALZAC, RALPH, , ,Mailing Address 16 DIGITAL WAY
UNIT 215City
MAYNARDState
MAZip Code
01754-2273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768356**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BANASIAK, CHRISTINA, , ,

Mailing Address 166 WILD DUNES WAY

City
JACKSONState
NJZip Code
08527-4051FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEICHERT REALTORS-MARLBOROOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44807067**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

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

B. BANCROFT, WILLIAM, , ,

Mailing Address 44 FOUNDRY ST

City
MEDFIELDState
MAZip Code
02052-2702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723594**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BANDES, KENNETH, , ,

Mailing Address 110 CHRISTOPHER ST

City
MONTCLAIRState
NJZip Code
07042-4229FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44702876**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BANDES, KENNETH, , ,

Mailing Address 110 CHRISTOPHER ST

City
MONTCLAIRState
NJZip Code
07042-4229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702877

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

B. BANERJEE, MANASH, , ,

Mailing Address 14 HARTLANDER ST

City
EAST BRUNSWICKState
NJZip Code
08816-2667FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702878

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BANERJEE, MANASH, , ,

Mailing Address 14 HARTLANDER ST

City
EAST BRUNSWICKState
NJZip Code
08816-2667FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784962

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BANERJEE, MANASH, , ,

Mailing Address 14 HARTLANDER ST

City
EAST BRUNSWICKState
NJZip Code
08816-2667FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790809

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BANERJEE, MANASH, , ,

Mailing Address 14 HARTLANDER ST

City
EAST BRUNSWICKState
NJZip Code
08816-2667FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792073

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BANKERT, PAMELA, , ,

Mailing Address 235 TONSET RD

City
ORLEANSState
MAZip Code
02653-2610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAWSON & WEITZEN LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744213

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BANKS, GREGORY, , ,

Mailing Address 5950 E CEDAR AVE

City
DENVERState
COZip Code
80224-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761811**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. BANTAM, FRANCIS, , ,

Mailing Address 843 AVALON AVE

City
LAFAYETTEState
CAZip Code
94549-5013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FRANCIS L BANTAM, MDOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748178**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BARBER, SARAH, , ,Mailing Address 7444 SPRING VILLAGE DR
APT 304City
SPRINGFIELDState
VAZip Code
22150-4473FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702886**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARHAM, FRANCIS, L., ,

Mailing Address 843 AVALON AVE

City
LAFAYETTEState
CAZip Code
94549-5013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793148**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. BARKDOLL, GERALD, , ,

Mailing Address 3 SIX RANGE POINT RD

City
PLACITASState
NMZip Code
87043-8911FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706925**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BARKER CHEESEBRO, LEIGH, , ,

Mailing Address N4561 DUCK CREEK RD

City
HELENVILLEState
WIZip Code
53137-9791FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UTCC/WEACOccupation (for Individual)
UNION BUSINESS AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755606**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARKER, JAMES, , ,

Mailing Address 7700 WINTERBERRY PL

City
BETHESDAState
MDZip Code
20817-4850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695696

Amount of Each Receipt this Period

27.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BARKER, JAMES, , ,

Mailing Address 7700 WINTERBERRY PL

City
BETHESDAState
MDZip Code
20817-4850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726671

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. BARKER, JAMES, , ,

Mailing Address 7700 WINTERBERRY PL

City
BETHESDAState
MDZip Code
20817-4850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734221

Amount of Each Receipt this Period

12.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

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

64.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARKER, JAMES, , ,

Mailing Address 7700 WINTERBERRY PL

City
BETHESDAState
MDZip Code
20817-4850FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751290

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BARKER, MARY, A., ,

Mailing Address 1800 HERMITAGE BLVD
APT 127City
TALLAHASSEEState
FLZip Code
32308-7603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732213

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BARKHURST, LINDA, , ,

Mailing Address 3705 CREEKSIDE CT

City
WINTHROP HARBORState
ILZip Code
60096-1448FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655434

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

585.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARLOW, EDWARD, , ,

Mailing Address 1719 ASPENWOOD TRL

City
FERGUS FALLSState
MNZip Code
56537-2417FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732221**

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

B. BARMES, DONNA, L., ,

Mailing Address 2659 SE 52ND ST

City
OCALAState
FLZip Code
34480-7569FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702164**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BARNARD, AARON, , ,Mailing Address 64 S PORTAGE PATH
APT 2City
AKRONState
OHZip Code
44303-1075FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL INSTITUTE OF MASSOTHERAPYOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634261**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARNES, ROBERT, , ,

Mailing Address 1840 CENTURY PARK E

City
LOS ANGELESState
CAZip Code
90067-2101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RESCH POLSTEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790862**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BARNES-MCCONNELL, P.W., , ,

Mailing Address 2802 BERNS DR

City
URBANAState
ILZip Code
61802-4204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685888**

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

C. BARONE, EVELYN, , ,

Mailing Address 198 STRICKLAND ST

City
PEMBROKEState
GAZip Code
31321-5416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660984**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARONE, EVELYN, , ,

Mailing Address 198 STRICKLAND ST

City
PEMBROKEState
GAZip Code
31321-5416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720196

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BARR, JEROME, , ,

Mailing Address 1210 KEEL DR

City
CORONA DEL MARState
CAZip Code
92625-1235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667729

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BARR, JEROME, , ,

Mailing Address 1210 KEEL DR

City
CORONA DEL MARState
CAZip Code
92625-1235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762390

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARRASH, WARREN, , ,

Mailing Address 11805 MUSKET DR

City
BOISEState
IDZip Code
83713-3691FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44753801

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. BARRERE, KIRSTEN, , ,

Mailing Address 4338 EDGEWOOD AVE

City
OAKLANDState
CAZip Code
94602-1316FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44688743

Amount of Each Receipt this Period

36.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

C. BARRETT, JOHN, , ,

Mailing Address 474 PINEWOOD DR

City
CANONSBURGState
PAZip Code
15317-3234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FPMA-SOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44634278

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

486.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARRETT, ROBIN, , ,

Mailing Address 1106 PRINCE EDWARD ST

City
FREDERICKSBURGState
VAZip Code
22401-3834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723315

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BARRETT, ROBIN, , ,

Mailing Address 1106 PRINCE EDWARD ST

City
FREDERICKSBURGState
VAZip Code
22401-3834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724836

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BARTELS, JANE, , ,

Mailing Address 48 GRYMES HILL RD

City
STATEN ISLANDState
NYZip Code
10301-3819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752495

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

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

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARTELT, DIANA, , ,

Mailing Address 89 -24 208 ST

City
QUEENS VILLAGEState
NYZip Code
11427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789381**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BARTH, RICHARD, P, ,

Mailing Address 1025 WINDING WAY

City
BALTIMOREState
MDZip Code
21210-1232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF MARYLANDOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734951**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

C. BARTH, RICHARD, P, ,

Mailing Address 1025 WINDING WAY

City
BALTIMOREState
MDZip Code
21210-1232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF MARYLANDOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751386**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARTH, RICHARD, P., ,

Mailing Address 1025 WINDING WAY

City
BALTIMOREState
MDZip Code
21210-1232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF MARYLANDOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752947

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BARTLETT, DORIS, L., ,

Mailing Address 331 STATE ROUTE 42

City
SHANDAKENState
NYZip Code
12480-5607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44724704

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

C. BARTON, JUDITH, S., ,

Mailing Address 118 WOLFS TRL

City
CHAPEL HILLState
NCZip Code
27516-9060FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44695733

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BARTON, JUDITH, S, ,

Mailing Address 118 WOLFS TRL

City
CHAPEL HILLState
NCZip Code
27516-9060FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753030**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BARUTH, CHRISTOPHER, , ,

Mailing Address 1900 E NEWTON AVE

City
MILWAUKEEState
WIZip Code
53211-2530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677922**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. BARUTH, CHRISTOPHER, , ,

Mailing Address 1900 E NEWTON AVE

City
MILWAUKEEState
WIZip Code
53211-2530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762185**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BATEMAN, RITA, A., ,Mailing Address 301 1ST ST S
UNIT 3101City
ST PETERSBURGState
FLZip Code
33701-4782FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661003**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. BATHGATE, ELISABETH, , ,

Mailing Address 22112 QUEEN ST

City
CASTRO VALLEYState
CAZip Code
94546-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681765**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BATSON, JOHN, , ,

Mailing Address 2018 AVENUE OF THE TREES

City
CARLSBADState
CAZip Code
92008-1104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708171**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAUCOM, EARL, , ,

Mailing Address 17 BRIDLE PATH

City
SUDBURYState
MAZip Code
01776-2248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667808

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BAUCOM, EARL, , ,

Mailing Address 17 BRIDLE PATH

City
SUDBURYState
MAZip Code
01776-2248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667809

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BAUCOM, EARL, , ,

Mailing Address 17 BRIDLE PATH

City
SUDBURYState
MAZip Code
01776-2248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740088

Amount of Each Receipt this Period

55.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAUER, DAVID, G., ,

Mailing Address 901 PHLOX DR

City
SAVOYState
ILZip Code
61874-9315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44688768**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BAUMANN, LYLA, , ,

Mailing Address 5718 GREAT OAK PKWY

City

CHURCHTON

State

MD

Zip Code

20733-9717

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44634313**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BAUMGARTNER, RICHARD, A, ,

Mailing Address 1860 NEWELL RD

City

PALO ALTO

State

CA

Zip Code

94303-2952

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAGO TECHNOLOGIESOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

448.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44667822**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

762.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAUMGARTNER, RICHARD, A, ,

Mailing Address 1860 NEWELL RD

City
PALO ALTOState
CAZip Code
94303-2952FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAGO TECHNOLOGIESOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44695768**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BAUMGARTNER, RICHARD, A, ,

Mailing Address 1860 NEWELL RD

City
PALO ALTOState
CAZip Code
94303-2952FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAGO TECHNOLOGIESOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44757269**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

C. BAUSE, RAMONA, A., ,Mailing Address 5247 WILSON MILLS RD
282City
CLEVELANDState
OHZip Code
44143-3016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44633926**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1127.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646423**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661023**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667829**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667831

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708186

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708187

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736155**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785722**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BAXTER, DANIEL, , ,

Mailing Address 102 UNION ST

City
HUDSONState
NYZip Code
12534-3116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RYAN COMMUNITY HEALTH CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786812**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAYLEY, RICHARD, , ,

Mailing Address 89 PANCAKE HOLLOW DR

City
WAYNEState
NJZip Code
07470-3208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661024**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. BAYLEY, RICHARD, , ,

Mailing Address 89 PANCAKE HOLLOW DR

City
WAYNEState
NJZip Code
07470-3208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695770**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. BAYLISS, KIM, K, ,

Mailing Address 3214 KLINGLE RD NW

City
WASHINGTONState
DCZip Code
20008-3403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KLEIN/JOHNSON GROUPOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688476**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BAZAZ, MALINI, , ,

Mailing Address 8220 CRESTWOOD HEIGHTS DR

City
MCLEANState
VAZip Code
22102-3119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794211

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BEACH, SUSAN, P., ,

Mailing Address 260 LOCUST LN

City
CADILLACState
MIZip Code
49601-8877FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759285

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BEALL, JULIANNE, T., ,

Mailing Address 9506 SAINT ANDREWS WAY

City
SILVER SPRINGState
MDZip Code
20901-3259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERAL GOVERNMENTOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44765811

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

5338.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BEARD, KATHARINE, , ,

Mailing Address 1541 JOHN G RICHARDS RD

City
CAMDENState
SCZip Code
29020-8208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720225

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BEATTIE, MICHAEL, , ,Mailing Address 710 N OCEAN BLVD
APT 809

City

POMPANO BEACH

State

FL

Zip Code

33062-4645

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790497

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BEATTY, PATRICK, , ,

Mailing Address 4356 ROSS ISLAND WAY

City

STEVENSVILLE

State

MT

Zip Code

59870-7417

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTANA CANCER SPECIALISTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735542

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BEATTY, PATRICK, , ,

Mailing Address 4356 ROSS ISLAND WAY

City
STEVENSVILLEState
MTZip Code
59870-7417FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTANA CANCER SPECIALISTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785906

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BEAVERS, VALERA, D., ,

Mailing Address 2022 COLONY PLZ

City
JACKSONVILLEState
NCZip Code
28546-1613FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44634331

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BECK, TERRY, , ,

Mailing Address 1232 3RD AVE

City
NAPAState
CAZip Code
94558-3948FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NAPA COUNTYOccupation (for Individual)
MENTAL HEALTH COUNSELOR-LICEI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799180

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BECKER, ELAINE, , ,

Mailing Address 1850 OUTLOOK RD

City
OUTLOOKState
WAZip Code
98938-9562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748545

Amount of Each Receipt this Period

170.00

☐ Memo Item

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

B. BECKER, KAREN, , ,

Mailing Address 6381 W DONNA DR

City
MILWAUKEEState
WIZip Code
53223-2831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748515

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BECKLEY, KEN, , ,

Mailing Address 1108 E FRANKLIN ST

City
ELLENSBURGState
WAZip Code
98926-3245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723253

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

720.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BECKLIN, ERIC, , ,

Mailing Address 25710 OAK BRANCH CIR

City
NEWHALLState
CAZip Code
91321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITIES SPACE RESEARCH ASSOCIATIOOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765944**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

B. BEEBE, BEATRICE, , ,Mailing Address 219 W 22ND ST
HCity
NEW YORKState
NYZip Code
10011-2702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757766**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BEEBE, JOHN, , ,Mailing Address 337 SPRUCE ST
STE DCity
SAN FRANCISCOState
CAZip Code
94118-1883FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739207**

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BEECHER, BROOKE, , ,

Mailing Address 5825 ANN ARBOR AVE NE

City
SEATTLEState
WAZip Code
98105-2119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695793

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BEECHER, HAL, , ,

Mailing Address 5825 ANN ARBOR AVE NE

City
SEATTLEState
WAZip Code
98105-2119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695792

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. BEECHER, HAL, , ,

Mailing Address 5825 ANN ARBOR AVE NE

City
SEATTLEState
WAZip Code
98105-2119FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695794

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

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

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BEEMAN, BARBARA, , ,

Mailing Address PO BOX 1165

City
SOLDOTNAState
AKZip Code
99669-1165FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686664**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BEER, DAVID, , ,

Mailing Address 862 LINCOLN TERRACE DR

City
MANSFIELDState
OHZip Code
44905-1508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694125**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BEGICH, MARK, , ,

Mailing Address 6447 COLGATE DR

City
ANCHORAGEState
AKZip Code
99504-3306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHERN COMPASS GROUPOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44667134**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BEGLEY, LOUIS, , ,

Mailing Address 919 3RD AVE

City
NEW YORKState
NYZip Code
10022-3902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786039

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BEGLEY, LOUIS, , ,

Mailing Address 919 3RD AVE

City
NEW YORKState
NYZip Code
10022-3902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791065

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BEGMAN, HAROLD, , ,

Mailing Address 156 N 8T ST

City
LARAMIEState
WYZip Code
82072FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WYOMINGOccupation (for Individual)
PROFESSOR EMERITUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768384

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

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

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BEHRENS, STEVE, , ,

Mailing Address 3132 BIRCH ST NW

City
WASHINGTONState
DCZip Code
20015-2216FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763124

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. BELIDA, ALEX, , ,

Mailing Address 705 NEW MARK ESPLANADE

City
ROCKVILLEState
MDZip Code
20850-2739FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667887

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BELL, CRAIG, , ,

Mailing Address 57 HARBOR LN

City
HARBOR SPGSState
MIZip Code
49740-9524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731221

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BELL, HESTER, , ,

Mailing Address 1819 GRAND OAKS AVE

City
ALTADENAState
CAZip Code
91001-3613FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44688805

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742783

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743007

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745640**

Amount of Each Receipt this Period

22.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782165**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783643**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

52.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784442

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784738

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BELL, NANCY, , ,Mailing Address 998 MERIDIAN AVE
APT 46City
SAN JOSEState
CAZip Code
95126-4065FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788174

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BELL, ORAL, L., ,Mailing Address **6422 ENTERPRISE LN**
APT 1DCity
MADISONState
WIZip Code
53719-1136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

02 / 02 / 2025**Transaction ID : 44634361**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**

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

B. BELLAMY, ANDREA, E., ,Mailing Address **2548 W 117TH PL**City
CHICAGOState
ILZip Code
60655-1509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

02 / 12 / 2025**Transaction ID : 44688811**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

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

C. BELLAMY, ANDREA, E., ,Mailing Address **2548 W 117TH PL**City
CHICAGOState
ILZip Code
60655-1509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

02 / 12 / 2025**Transaction ID : 44688812**

Amount of Each Receipt this Period

5.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**205.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BELLI, MINDY, , ,

Mailing Address 321 S VISTA DEL CANON

City
ANAHEIMState
CAZip Code
92807-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44652988

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BELLI, MINDY, , ,

Mailing Address 321 S VISTA DEL CANON

City
ANAHEIMState
CAZip Code
92807-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720242

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

C. BELLI, MINDY, , ,

Mailing Address 321 S VISTA DEL CANON

City
ANAHEIMState
CAZip Code
92807-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732634

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BELLINGER, LARRY, , ,

Mailing Address 87131 KELLMORE ST

City
EUGENEState
ORZip Code
97402-9128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750271**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BELOTE, LINDA, , ,

Mailing Address 1105 QUINCY COVE RD

City
HOUGHTONState
MIZip Code
49931-2729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667905**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BELOTE, LINDA, , ,

Mailing Address 1105 QUINCY COVE RD

City
HOUGHTONState
MIZip Code
49931-2729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688818**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENDER, ARLENE, , ,Mailing Address 1950 SILVERLEAF CIR
UNIT 134City
CARLSBADState
CAZip Code
92009-8412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44790148**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BENDER, DONALD, , ,

Mailing Address 432 OAKDALE RD NE

City
ATLANTAState
GAZip Code
30307-2024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEIGHBORHOOD COMMERCIAL REDEV. INC.Occupation (for Individual)
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44685645**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. BENDER, DONALD, , ,

Mailing Address 432 OAKDALE RD NE

City
ATLANTAState
GAZip Code
30307-2024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEIGHBORHOOD COMMERCIAL REDEV. INC.Occupation (for Individual)
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44708285**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

740.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENDER, JAMES, P., ,

Mailing Address 3317 17TH ST

City
KENOSHAState
WIZip Code
53144-3336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44646460

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. BENDOR, LINDA, W., ,

Mailing Address 614 ALVARADO ROW

City
STANFORDState
CAZip Code
94305-8506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737853

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BENDOR, LINDA, W., ,

Mailing Address 614 ALVARADO ROW

City
STANFORDState
CAZip Code
94305-8506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769953

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENENSON, ANTJE, , ,

Mailing Address 6111 SKYLINE DR

City
EAST LANSINGState
MIZip Code
48823-1604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761306

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

B. BENNETT, BARRY, , ,

Mailing Address 425 BROOKSIDE DR

City
WILMETTEState
ILZip Code
60091-3048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOWD BLOCH & BENNETTOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766825

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. BENNETT, NANCY, , ,

Mailing Address 48 BONNET VIEW DR

City
JAMESTOWNState
RIZip Code
02835-2709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MINDFULNESS TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767844

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1087.00

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

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENSON, CONSTANCE, A, ,

Mailing Address 6603 MOWER PL

City
SAN DIEGOState
CAZip Code
92130-6823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSD SCHOOL OF MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688833**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BENSON, CONSTANCE, A, ,

Mailing Address 6603 MOWER PL

City
SAN DIEGOState
CAZip Code
92130-6823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSD SCHOOL OF MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742236**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BENSON, KRISTINE, , ,

Mailing Address 145 BEHREND'S AVE

City
JUNEAUState
AKZip Code
99801-1413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684135**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENSON, MARY, ANN, ,

Mailing Address 5617 OCEAN VIEW DR

City
OAKLANDState
CAZip Code
94618-1532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772170**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BENSON, ROBERT, , ,

Mailing Address 6090 CONTRERAS RD

City
OXFORDState
OHZip Code
45056-9708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702953**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BENSON, ROBERT, , ,

Mailing Address 6090 CONTRERAS RD

City
OXFORDState
OHZip Code
45056-9708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766797**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENSON, SUE ELLEN, E, ,

Mailing Address 9428 HALEY LN

City
LA MESAState
CAZip Code
91941-6803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44759571

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BENTLER, PETER, M, ,

Mailing Address 1301 SPRING ST

City
SEATTLEState
WAZip Code
98104-3533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44686543

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BENTLEY, CHERYL, , ,

Mailing Address 3803 SENATE CT

City
VALENCIAState
PAZip Code
16059-3918FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797842

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BENVENUTTI, CHARLES, , ,

Mailing Address PO BOX 2639

City
BAY SAINT LOUISState
MSZip Code
39521-2639FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667936

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BERDANIS, MARGO, , ,

Mailing Address 3550 BRAYTON AVE

City
LONG BEACHState
CAZip Code
90807-4810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682067

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

C. BERES, ELIZABETH, , ,

Mailing Address 730 EASTMAN ST

City
WEST MIFFLINState
PAZip Code
15122-2049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44724825

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERGEN, PAUL, , ,

Mailing Address 32 STRATFORD DR

City
MANALAPANState
NJZip Code
07726-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653024**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BERGEN, PAUL, , ,

Mailing Address 32 STRATFORD DR

City
MANALAPANState
NJZip Code
07726-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667945**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BERGER, EDWARD, , ,Mailing Address 2400 BEACON ST
UNIT 203City
CHESTNUT HILLState
MAZip Code
02467-1469FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LARCHMONT STRATEGIC ADVISORSOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634394**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERGER, FRANCINE, I., ,Mailing Address 10800 WILSHIRE BLVD
APT 604City
LOS ANGELESState
CAZip Code
90024-4233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723970**

Amount of Each Receipt this Period

450.00

☐ Memo Item

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

B. BERGER, PATRICIA, , ,

Mailing Address 60 HEATH ST

City
BROOKLINEState
MAZip Code
02445-5926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661080**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BERGER, PATRICIA, , ,

Mailing Address 60 HEATH ST

City
BROOKLINEState
MAZip Code
02445-5926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661081**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERGMAN, ELEANOR, , ,

Mailing Address 4829 KERLEY RD

City
DURHAMState
NCZip Code
27705-7114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702300

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BERGMAN, NICOLE, , ,

Mailing Address 5219 LA CANADA BLVD

City
LA CANADA FLINTRIDGEState
CAZip Code
91011-1719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708329

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BERGMAN, NICOLE, , ,

Mailing Address 5219 LA CANADA BLVD

City
LA CANADA FLINTRIDGEState
CAZip Code
91011-1719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708331

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERGNER, RAYMOND, , ,

Mailing Address 502 S BLAIR DR

City
NORMALState
ILZip Code
61761-3110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ILLINOIS STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744976**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BERKMAN, BARBARA, , ,

Mailing Address 92 W SHORE DR

City
PENNINGTONState
NJZip Code
08534-2010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661088**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BERKMAN, BARBARA, , ,

Mailing Address 92 W SHORE DR

City
PENNINGTONState
NJZip Code
08534-2010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743123**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERKVIST, CAROL, M., ,

Mailing Address 244 WARREN ST

City
BROOKLYNState
NYZip Code
11201-6418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747206**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BERLIN, MARVIN, , ,Mailing Address 6096 HUNTWICK TER
APT 302City
DELRAY BEACHState
FLZip Code
33484-1845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751026**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. BERLINER, BONNIE, R, ,

Mailing Address 20 THISTLE HOLW

City
AVONState
CTZip Code
06001-3961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RE/MAX PREMIER REALTORSOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44726730**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERLINER, BONNIE, R, ,

Mailing Address 20 THISTLE HOLW

City
AVONState
CTZip Code
06001-3961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RE/MAX PREMIER REALTORSOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44726731**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

B. BERLINER, BONNIE, R, ,

Mailing Address 20 THISTLE HOLW

City
AVONState
CTZip Code
06001-3961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RE/MAX PREMIER REALTORSOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768921**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. BERLINER, BONNIE, R, ,

Mailing Address 20 THISTLE HOLW

City
AVONState
CTZip Code
06001-3961FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RE/MAX PREMIER REALTORSOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797487**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BERMAN, STEVE, , ,Mailing Address 1101 75TH ST
APT 16City
DARIENState
ILZip Code
60561-4447FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BILL KAY NISSANOccupation (for Individual)
SALES CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653034

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BERMAN, STEVE, , ,Mailing Address 1101 75TH ST
APT 16City
DARIENState
ILZip Code
60561-4447FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BILL KAY NISSANOccupation (for Individual)
SALES CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653038

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

C. BERNHARDT, ANTHONY, F, ,

Mailing Address 4 THE UPLANDS

City
BERKELEYState
CAZip Code
94705-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661091

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

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

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERNSTEIN, PHILIP, , ,

Mailing Address 14202 SE 44TH ST

City
BELLEVUEState
WAZip Code
98006-2336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MICROSOFTOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44652537

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

B. BERRY, CHARLES, , ,

Mailing Address 1731 BERYL ST

City
SAN DIEGOState
CAZip Code
92109-2214FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC SAN DIEGOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682080

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

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

C. BERRY, DEBORAH, , ,

Mailing Address 966 PARK PL

City
BROOKLYNState
NYZip Code
11213-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667977

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BERRY, RICHARD, , ,

Mailing Address 2230 SE LAURA LN

City
DALLASState
ORZip Code
97338-9721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

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

Transaction ID : 44634410

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

B. BERRY, RICHARD, , ,

Mailing Address 2230 SE LAURA LN

City
DALLASState
ORZip Code
97338-9721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653042

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

C. BERRY, RICHARD, , ,

Mailing Address 2230 SE LAURA LN

City
DALLASState
ORZip Code
97338-9721FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

591.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653044

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

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

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

238.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERRY, RICHARD, , ,

Mailing Address 2230 SE LAURA LN

City
DALLASState
ORZip Code
97338-9721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688855**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BERRY, ROGER, , ,

Mailing Address 37220 S RIVER RD

City
CLARKSBURGState
CAZip Code
95612-5053FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750830**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. BERRY, SARA, S., ,Mailing Address 2253 ROGENE DR
APT 102City
BALTIMOREState
MDZip Code
21209-3480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750840**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 OF 2977

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BERTOLINI, JANICE, , ,

Mailing Address 3320 PRAIRIE AVE

City
EUREKAState
CAZip Code
95501-2723FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667978**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BERTOLINI, JANICE, , ,

Mailing Address 3320 PRAIRIE AVE

City
EUREKAState
CAZip Code
95501-2723FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800715**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BERZOK, MATTHEW, , ,

Mailing Address 4824 EARLSTON DR

City
BETHESDAState
MDZip Code
20816-1771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RIVENDELL GROUP LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681794**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BETTENCOURT, JAMES, , ,

Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646499

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. BETTENCOURT, JAMES, , ,

Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708377

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BETTENCOURT, JAMES, , ,

Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740857

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BETTENCOURT, JAMES, , ,Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755750

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. BETTENCOURT, JAMES, , ,Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755973

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

C. BETTENCOURT, JAMES, , ,Mailing Address 500 VERNON ST
APT 304City
OAKLANDState
CAZip Code
94610-1457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44765828

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BETTINGER, MARGARET, , ,

Mailing Address 8509 GREENFLINT LN

City
AUSTINState
TXZip Code
78759-8130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DELLOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787278

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BETTISWORTH, CHARLES, , ,

Mailing Address 204 FRONT ST

City
FAIRBANKSState
AKZip Code
99701-3145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708381

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BETTISWORTH, CHARLES, , ,

Mailing Address 204 FRONT ST

City
FAIRBANKSState
AKZip Code
99701-3145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732989

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 152 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BEVENS, HARRY, ARTHUR, ,

Mailing Address PO BOX 1618

City
INDIOState
CAZip Code
92202-1618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748489

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. BEYER, STEVEN, , ,

Mailing Address 2527 LOUISE LN

City
BILLINGSState
MTZip Code
59102-1425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 44681503

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BICK, THOMAS, , ,

Mailing Address 1747 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20006-4604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUTZEL LONGOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763180

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

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

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BICKLING, DOROTHY, , ,

Mailing Address 59 EVERGREEN AVE

City
BEDFORDState
MAZip Code
01730-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44729007

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. BIDDLE, HENRY, O, ,

Mailing Address 1102 MCBRYDE SQ

City
SALISBURYState
MDZip Code
21804-9307FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768680

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

C. BIDDLE, JUDY, , ,

Mailing Address 104 PLANTERS ROW W

City
PONTE VEDRA BEACHState
FLZip Code
32082-3938FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667996

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1263.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BIEHLER, JUDITH, , ,

Mailing Address 1536 MANCHESTER RD

City
CHICOState
CAZip Code
95926-2435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748738

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BIESTERVELD, GEORGIA, , ,

Mailing Address 2708 NE 110TH ST

City
VANCOUVERState
WAZip Code
98686-4223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

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

Transaction ID : 44688876

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

C. BIGHAM, NANCY, G., ,

Mailing Address 290 N CENTRAL AVE

City
CAMPBELLState
CAZip Code
95008-1418FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655176

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

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

635.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BIGHAM, ROSE, , ,

Mailing Address 361 CLINTON AVE

City
BROOKLYNState
NYZip Code
11238-1175FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661103**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. BIGHAM, ROSE, , ,

Mailing Address 361 CLINTON AVE

City
BROOKLYNState
NYZip Code
11238-1175FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741163**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BIGOT, SHARON, , ,Mailing Address 5701 E GLENN ST
APT 130City
TUCSONState
AZZip Code
85712-5231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724145**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BIHR, YIN, , ,Mailing Address **PO BOX 7283**City
ALHAMBRAState
CAZip Code
91802-7283FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MASTERS REALTYOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807055**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

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

B. BILLEY, DIANNE, , ,Mailing Address **PO BOX 726**City
ELLENDALEState
NDZip Code
58436-0726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661104**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BILLEY, DIANNE, , ,Mailing Address **PO BOX 726**City
ELLENDALEState
NDZip Code
58436-0726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720284**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BILLEY, DIANNE, , ,

Mailing Address PO BOX 726

City
ELLENDALEState
NDZip Code
58436-0726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720285

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BINGHAM, SALLIE, , ,Mailing Address 702 N SHORE DR
STE 500City
JEFFERSONVILLEState
INZip Code
47130-3104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756047

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

C. BINGHAM, SALLIE, , ,Mailing Address 702 N SHORE DR
STE 500City
JEFFERSONVILLEState
INZip Code
47130-3104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791196

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

256.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BINGHAM, SALLIE, , ,Mailing Address 702 N SHORE DR
STE 500City
JEFFERSONVILLEState
INZip Code
47130-3104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795696**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BIRD, DAN, , ,

Mailing Address 2045 GRAND RIDGE CT

City
MANHATTANState
KSZip Code
66503-8697FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686832**

Amount of Each Receipt this Period

1100.00

☐ Memo Item

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

C. BIRD, DAVID, , ,

Mailing Address 12340 PLEASANT VIEW DR

City
FULTONState
MDZip Code
20759-9651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708426**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BIRD, MARIANNE M., M., ,

Mailing Address 4098 OVERLOOK TRAIL DR

City
ROANOKEState
VAZip Code
24018-7322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723646**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. BISHOP, THOMAS, , ,

Mailing Address 507 E FAIRMOUNT RD

City
BURBANKState
CAZip Code
91501-1707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668032**

Amount of Each Receipt this Period

105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BIVINS, LAURA, S., ,

Mailing Address 2101 BOATSWAIN PL

City
WILMINGTONState
NCZip Code
28405-4239FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729148**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BIXLER, FRANCES, B., ,

Mailing Address 731 S ROGERS AVE

City
SPRINGFIELDState
MOZip Code
65804-0122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BIXLER COPROccupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765104**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. BIXLER, R. JEFFREY, , ,

Mailing Address 556 BLACK DUCK CT

City
JOHNS ISLANDState
SCZip Code
29455-5796FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686671**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BJORN, JOSEPH, , ,

Mailing Address 7416 SUMMERSET AVE NE

City
CEDAR RAPIDSState
IAZip Code
52402-2346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668037**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BJORN, JOSEPH, , ,

Mailing Address 7416 SUMMERSET AVE NE

City
CEDAR RAPIDSState
IAZip Code
52402-2346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44695915

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BLACK, ALAN, , ,

Mailing Address 847 S MAYFAIR AVE

City
DALY CITYState
CAZip Code
94015-3414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752076

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. BLACK, DAVID, , ,

Mailing Address 1903 CAMBRIDGE DR

City
MOUNTAIN VIEWState
CAZip Code
94043-1774FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44753948

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLACKMAN, EDWIN, T., ,

Mailing Address 2645 W PLUMB LN

City
RENOState
NVZip Code
89509-3055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765275**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

B. BLACKWELL, LEONARD, , ,

Mailing Address 11857 LORRAINE RD

City
GULFPORTState
MSZip Code
39503-3951FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRUNINI LAW FIRMOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684882**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. BLAICHMAN, AVIVA, , ,

Mailing Address 311 E 18TH ST

City
NEW YORKState
NYZip Code
10003-2843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CBJ MGT.Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708462**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAICHMAN, AVIVA, , ,

Mailing Address 311 E 18TH ST

City
NEW YORKState
NYZip Code
10003-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBJ MGT.Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703018

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

B. BLAICHMAN, AVIVA, , ,

Mailing Address 311 E 18TH ST

City
NEW YORKState
NYZip Code
10003-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBJ MGT.Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726766

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. BLAICHMAN, AVIVA, , ,

Mailing Address 311 E 18TH ST

City
NEW YORKState
NYZip Code
10003-2843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBJ MGT.Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794090

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

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

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAIR, KATHI, , ,

Mailing Address 153 OTIS ST

City
HINGHAMState
MAZip Code
02043-4501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765671**

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

B. BLAIR, STU, , ,

Mailing Address 2625 REGATTA LN

City
DAVISState
CAZip Code
95618-6409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708464**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BLAKE, TERENCE, , ,

Mailing Address 6995 HELSEM WAY

City
DALLASState
TXZip Code
75230-1985FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753906**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 165 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAKELY, ELLEN, , ,

Mailing Address 280 BLUFF VIEW DR

City
BELLEAIR BLUFFSState
FLZip Code
33770-1305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723344

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

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

Transaction ID : 44634475

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668065

Amount of Each Receipt this Period

13.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

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

606.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695926

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708476

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

C. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708477

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

13.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708478

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726771

Amount of Each Receipt this Period

4.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750831

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

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

102.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAKEMORE, JAMES, J., ,

Mailing Address 2005 SUNDAY SILENCE DR

City
GREENBRIERState
TNZip Code
37073-4797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757111

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. BLANCHARD, PAULA, B., ,Mailing Address 1010 WALTHAM ST
APT 498City
LEXINGTONState
MAZip Code
02421-8066FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753677

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. BLAND, FRANK, , ,

Mailing Address 1420 HIGHLAND DR

City
SILVER SPRINGState
MDZip Code
20910-1524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PUBLIC JUSTICEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 44634476

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

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

1343.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLAQUIERE, MARK, , ,

Mailing Address 1115 N EDGEFIELD AVE

City
DALLASState
TXZip Code
75208-3624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771615

Amount of Each Receipt this Period

220.00

☐ Memo Item

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

B. BLEDSOE, GERIE, B., ,

Mailing Address 461 TRADEWINDS DR

City
SANTA ROSA BEACHState
FLZip Code
32459-4180FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694235

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. BLEGEN, JOHN, , ,

Mailing Address 5044 TRENTON ST

City
DENVERState
COZip Code
80238-3297FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 44634485

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

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

970.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. BLEWETT, KATHLEEN, K., ,

Mailing Address 136 TAUNTON HILL RD

City
NEWTOWNState
CTZip Code
06470-1723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERALOccupation (for Individual)
VOCATIONAL REHABILITATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID : 44634487

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

B. BLEWETT, KATHLEEN, K., ,

Mailing Address 136 TAUNTON HILL RD

City
NEWTOWNState
CTZip Code
06470-1723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERALOccupation (for Individual)
VOCATIONAL REHABILITATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720314

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

C. BLEWETT, KATHLEEN, K., ,

Mailing Address 136 TAUNTON HILL RD

City
NEWTOWNState
CTZip Code
06470-1723FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERALOccupation (for Individual)
VOCATIONAL REHABILITATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731765

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

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

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646537

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

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

B. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668090

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

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

Transaction ID : 44688925

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

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

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708504

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720317

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

C. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736874

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

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

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752872**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

B. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762533**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

C. BLOM, JOHN, , ,

Mailing Address 3778 GARDINER RD

City
WALDORFState
MDZip Code
20601-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782437**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BLUM, JONATHAN, , ,

Mailing Address 634 TIMBER CREEK DR

City
AKRONState
OHZip Code
44333-1755FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44726789

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

B. BLUM, JONATHAN, , ,

Mailing Address 634 TIMBER CREEK DR

City
AKRONState
OHZip Code
44333-1755FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44726790

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

C. BLUMFELDER, THERESA, , ,

Mailing Address 5121 TENNIS CT W

City
LAS VEGASState
NVZip Code
89120-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708515

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BLUMFELDER, THERESA, , ,

Mailing Address 5121 TENNIS CT W

City
LAS VEGASState
NVZip Code
89120-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770683

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

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

B. BOAS, CHRIS, , ,

Mailing Address 1940 SAN ANTONIO AVE

City
BERKELEYState
CAZip Code
94707-1620FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AIRBANQOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785099

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BOBO, LAWRENCE, , ,

Mailing Address 15 TRAILL ST

City
CAMBRIDGEState
MAZip Code
02138-4738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID : 44634509

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOBO, LAWRENCE, , ,

Mailing Address 15 TRAILL ST

City
CAMBRIDGEState
MAZip Code
02138-4738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688933**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

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

B. BOETTGER, JONATHAN, , ,

Mailing Address 23 KAREN CIR

City
LOS ALAMOSState
NMZip Code
87547-3797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ALAMOS NATIONAL LABORATORYOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678032**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

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

C. BOGIAGES, JEAN, M., ,

Mailing Address 550 UTAH ST

City
SAN FRANCISCOState
CAZip Code
94110-1437FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666418**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOHL, NICHOLAS, , ,

Mailing Address 10978 RED ROCK DR

City
SAN DIEGOState
CAZip Code
92131-1822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702155**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. BOHMER, DAVID, , ,

Mailing Address 6839 S GLEN LAKE VIEW DR

City
MAPLE CITYState
MIZip Code
49664-8797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661143**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

C. BOHNE, CLEO, J., ,

Mailing Address 516 4TH ST N

City
NEW ULMState
MNZip Code
56073-1706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723733**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOITNOTT, CAROLYN, , ,Mailing Address 830 W 40TH ST
APT 731City
BALTIMOREState
MDZip Code
21211-2130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685647**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BOLAND, ROSEMARY, , ,

Mailing Address 929 HICKORY ST

City
SCRANTONState
PAZip Code
18505-2123FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCRANTON SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634520**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

C. BOLAND, ROSEMARY, , ,

Mailing Address 929 HICKORY ST

City
SCRANTONState
PAZip Code
18505-2123FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCRANTON SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770087**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708544

Amount of Each Receipt this Period

17.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

B. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703041

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720329

Amount of Each Receipt this Period

17.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736968**

Amount of Each Receipt this Period

17.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44761274**

Amount of Each Receipt this Period

17.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

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

C. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

298.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44769243**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOLIG, RICHARD, , ,

Mailing Address 101 JULIA WAY

City
JOHNSTONState
RIZip Code
02919-1519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800799

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BOLSTER, WILLIAM, , ,

Mailing Address 6500 FAUGHT RD

City
SANTA ROSAState
CAZip Code
95403-1278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALES MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668131

Amount of Each Receipt this Period

109.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661152

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

159.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661153

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

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

B. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668137

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695968

Amount of Each Receipt this Period

12.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

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

137.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726802

Amount of Each Receipt this Period

24.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

B. BONAVENTURA, ROBERT, , ,

Mailing Address 139 N 11TH ST

City
LINCOLNState
NEZip Code
68508-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752795

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

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

C. BONDER, ANNETTE, , ,

Mailing Address 10638 HERITAGE HILLS DR

City
LAS VEGASState
NVZip Code
89134-5213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724178

Amount of Each Receipt this Period

120.00

☐ Memo Item

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

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

169.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BONES, JERRY, , ,

Mailing Address 2454 W PECOS AVE

City
MESAState
AZZip Code
85202-7810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2025

Transaction ID : 44748087

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. BONEY, DENNIS, , ,

Mailing Address 20610 WOODBRIDGE DR

City
HAGERSTOWNState
MDZip Code
21742-3129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SENECA GLOBAL SERVICESOccupation (for Individual)
LIFE CYCLE PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703044

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

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

C. BONEY, DENNIS, , ,

Mailing Address 20610 WOODBRIDGE DR

City
HAGERSTOWNState
MDZip Code
21742-3129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SENECA GLOBAL SERVICESOccupation (for Individual)
LIFE CYCLE PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720333

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BONEY-PHILLIPS, FRAN, , ,

Mailing Address 2045 W MAIN ST

City
JEFFERSON CITYState
MOZip Code
65109-0947FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF MISSOURIOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44668144

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

B. BONEY-PHILLIPS, FRAN, , ,

Mailing Address 2045 W MAIN ST

City
JEFFERSON CITYState
MOZip Code
65109-0947FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF MISSOURIOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784347

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BONGORT, KENNETH, J, ,

Mailing Address 48 LITTLEWORTH LN

City
SEA CLIFFState
NYZip Code
11579-1709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782292

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

687.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695980

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

B. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695981

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

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

C. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708575

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

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

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

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726805

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

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

B. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746116

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754024

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

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

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. BOOTH, PAUL, , ,

Mailing Address 171 FLEEMAN CIR

City
LAWRENCEBURGState
TNZip Code
38464-9605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
H.P.Occupation (for Individual)
PAINT TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798496

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BOOTS, MARY, P, ,

Mailing Address 3550 ADMIRALTY BAY DR

City
ANCHORAGEState
AKZip Code
99515-2376FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738998

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

C. BORCHARD, EDWARD, , ,

Mailing Address 5222 S OSO PKWY

City
CORPUS CHRISTIState
TXZip Code
78413-6048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PEDIATRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789953

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BORCHERS, ALBERT, T, ,

Mailing Address 179 ALTA DR

City
LA SELVA BEACHState
CAZip Code
95076-1645FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634543**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

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

B. BORCHERTS, ROBERT, , ,

Mailing Address 1555 WASHTENAW AVE

City
ANN ARBORState
MIZip Code
48104-3122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724743**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BORCZ, JUDITH, , ,

Mailing Address 75 FOX HOLLOW LN

City
REDWOOD CITYState
CAZip Code
94062-4158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694042**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

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

A. BORDES, ADAM, , ,Mailing Address 1836 VERNON ST NW
LOWRCity
WASHINGTONState
DCZip Code
20009-1217FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHARTWELL STRATEGY GROUPOccupation (for Individual)
GOVERNMENT RELATIONS CONSUL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44771064**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. BORDIGON, ANGELA, , ,

Mailing Address 2354 BUTTERMILK HILL RD

City
DELAWAREState
OHZip Code
43015-9735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722410**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. BORIGHT, CHARLES, A., ,

Mailing Address 200 PORTAL RD

City
MONTPELIERState
VTZip Code
05602-9285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739011**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BORINE, SHARON, , ,

Mailing Address 18285 CROIXWOOD LN

City
EDEN PRAIRIEState
MNZip Code
55347-1020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASH FINCHOccupation (for Individual)
IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801415**

Amount of Each Receipt this Period

95.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BORNE, ANN, , ,

Mailing Address 7030 WOODCROFT LN

City
FORT WAYNEState
INZip Code
46804-2886FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784582**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BOROD, RONALD, S., ,Mailing Address 437 D ST
APT 3CCity
BOSTONState
MAZip Code
02210-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DLA PIPER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686899**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

395.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BORTHWICK, JAMES, , ,

Mailing Address 8200 MAPLE LN

City
PRAIRIE VILLAGEState
KSZip Code
66208-4986FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772180**

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

B. BOSCO, MICHAEL, A., ,

Mailing Address 6301 N 42ND ST

City
PARADISE VALLEYState
AZZip Code
85253-3910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706741**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. BOSCOV, REMA, , ,

Mailing Address 44 AMHERST RD

City
LEVERETTState
MAZip Code
01054-5402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HAMPSHIRE ATHLETIC CLUBOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688965**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOSCOV, REMA, , ,

Mailing Address 44 AMHERST RD

City
LEVERETTState
MAZip Code
01054-5402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HAMPSHIRE ATHLETIC CLUBOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744069

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BOSCOV, REMA, , ,

Mailing Address 44 AMHERST RD

City
LEVERETTState
MAZip Code
01054-5402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HAMPSHIRE ATHLETIC CLUBOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784305

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BOSWELL, VICKI, , ,

Mailing Address 409 BOND ST

City
WASHINGTONState
PAZip Code
15301-8118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702629

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOUCHER, BARBARA, B, ,

Mailing Address 1 LOGAN RD

City
NASHUAState
NHZip Code
03063-2213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720348

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

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

B. BOUCHER, BARBARA, B, ,

Mailing Address 1 LOGAN RD

City
NASHUAState
NHZip Code
03063-2213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787721

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BOUDREAU, CHARLEEN, , ,

Mailing Address 7518 N FERNHILL CT

City
EDWARDSState
ILZip Code
61528-9751FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733309

Amount of Each Receipt this Period

120.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

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

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

195.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOUDREAU, CHARLEEN, , ,

Mailing Address 7518 N FERNHILL CT

City
EDWARDSState
ILZip Code
61528-9751FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791192**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BOUDREAUX, DAVID, , ,

Mailing Address PO BOX 24820

City
NEW ORLEANSState
LAZip Code
70184-4820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666420**

Amount of Each Receipt this Period

640.00

☐ Memo Item

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

C. BOURDEAUX, ELAINE, , ,Mailing Address 4220 LOWER ROSWELL RD
APT 202City
MARIETTAState
GAZip Code
30068-4128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756150**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

703.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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

NAME OF COMMITTEE (In Full)

DCCC

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

A. BOURDEAUX, ELAINE, , ,Mailing Address 4220 LOWER ROSWELL RD
APT 202City
MARIETTAState
GAZip Code
30068-4128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756180**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

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

B. BOURGEAULT, LISA, , ,

Mailing Address 486 ALICIA WAY

City
LOS ALTOSState
CAZip Code
94022-1701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668184**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

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

C. BOUTARD, CAROLINE, , ,

Mailing Address PO BOX 218

City
PENN YANState
NYZip Code
14527-0218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646577**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

465.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

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

A. BOUTELL, AVIS, A, ,

Mailing Address 50 BERNAL AVE

City
MOSS BEACHState
CAZip Code
94038-9789FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791626

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

B. BOUTELL, AVIS, A, ,

Mailing Address 50 BERNAL AVE

City
MOSS BEACHState
CAZip Code
94038-9789FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795702

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

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

C. BOWDEN, ELIZABETH, , ,Mailing Address 3600 LANCASTER AVE
APT 241City
PHILADELPHIAState
PAZip Code
19104-5476FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694048

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

385.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

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

A. BOWLER, ANN, , ,

Mailing Address PO BOX 529

City
LOOMISState
CAZip Code
95650-0529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FLOWER FARM OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745301**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

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

B. BOWMAN, KIM, E., ,

Mailing Address 14 BICENTENNIAL DR

City
LEXINGTONState
MAZip Code
02421-7742FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD MEDICALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731782**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. BOWMAN, MARGARET, , ,

Mailing Address 779 W 2250 N

City
WEST BOUNTIFULState
UTZip Code
84087-1008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736903**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOWMAN, MARGARET, , ,

Mailing Address 779 W 2250 N

City
WEST BOUNTIFULState
UTZip Code
84087-1008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796836**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BOWMAN, TIM, , ,

Mailing Address 7754 PORT ORFORD DR

City
ANCHORAGEState
AKZip Code
99507-6018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678058**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BOYD, DAVID, , ,

Mailing Address 616 LIDA CT

City
EL DORADO HILLSState
CAZip Code
95762-3990FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661189**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOZZI, JOHN, , ,

Mailing Address 77 WINTERHILL RD

City
MADISONState
CTZip Code
06443-1901FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATEWIDE LEGAL SERVICESOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661191

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRACAMONTE, ROBERT, , ,

Mailing Address 693 SATURN CT

City
FOSTER CITYState
CAZip Code
94404-2743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NBBJOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785215

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRACAMONTE, ROBERT, , ,

Mailing Address 693 SATURN CT

City
FOSTER CITYState
CAZip Code
94404-2743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NBBJOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788234

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

445.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRACEY, DOROTHY, , ,

Mailing Address 1201 MADRID RD

City
SANTA FEState
NMZip Code
87505-0637FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708655

Amount of Each Receipt this Period

562.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRACEY, DOROTHY, , ,

Mailing Address 1201 MADRID RD

City
SANTA FEState
NMZip Code
87505-0637FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770456

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADBERRY, DONNA, , ,

Mailing Address 321 SAMARITAN LN

City
MOSCOWState
IDZip Code
83843-8553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702015

Amount of Each Receipt this Period

400.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1212.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 202 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRADLEY, JEAN, D., ,

Mailing Address 266 WILDE AVE

City
DREXEL HILLState
PAZip Code
19026-3422FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653238

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADLEY, RICHARD, C., ,

Mailing Address 901 E WATERLOO DR

City
BLOOMINGTONState
INZip Code
47401-8762FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753367

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRADY, SANDRA, GAGE, ,

Mailing Address 1630 CREEK RUN DR

City
TOLEDOState
OHZip Code
43614-1276FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686881

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRAGA, DAVID, , ,

Mailing Address 109 WILLOW BROOK RD

City
CLINTON CORNERSState
NYZip Code
12514-2523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688990**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRAGA, DAVID, , ,

Mailing Address 109 WILLOW BROOK RD

City
CLINTON CORNERSState
NYZip Code
12514-2523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703086**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRAGUE, MARJORIE, M, ,

Mailing Address 7 NANCY LN

City
VOORHEESVILLEState
NYZip Code
12186-9521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703087**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRAICO, KATHLEEN, T, ,

Mailing Address 10 ASHLEY PL

City
QUEENSBURYState
NYZip Code
12804-2552FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737353**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRAND, EUGENE, , ,Mailing Address 1890 E 107TH ST
APT 1107City
CLEVELANDState
OHZip Code
44106-2253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723978**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRANDEL, SUSAN, M, ,

Mailing Address 78 MAPLETON RD

City
GROSSE POINTE FARMSState
MIZip Code
48236-3615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788015**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRANDKAMP, JUSTIN, , ,

Mailing Address 110 1ST ST
APT 33BCity
JERSEY CITYState
NJZip Code
07302-8996FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLOOMBERG LPOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696046

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRANDO, THOM, , ,

Mailing Address 29 ADAMS ST

City
LITTLETONState
MAZip Code
01460-1930FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739718

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRANDT, SHERRY, J., ,

Mailing Address 660 156TH AVE NE

City
BELLEVUEState
WAZip Code
98007-4824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748012

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1287.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRANSTEN, RENA, G, ,

Mailing Address 3421 PACIFIC AVE

City
SAN FRANCISCOState
CAZip Code
94118-2029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ART DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733993**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRANSTEN, RENA, G, ,

Mailing Address 3421 PACIFIC AVE

City
SAN FRANCISCOState
CAZip Code
94118-2029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ART DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756976**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRASHER, BEVERLY, , ,

Mailing Address 22827 SPATSWOOD LN

City
KATYState
TXZip Code
77449-5405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689000**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRASHER, BEVERLY, , ,

Mailing Address 22827 SPATSWOOD LN

City
KATYState
TXZip Code
77449-5405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708692

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRASHER, BEVERLY, , ,

Mailing Address 22827 SPATSWOOD LN

City
KATYState
TXZip Code
77449-5405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737891

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRATT, CAROL, , ,

Mailing Address 21487 26TH AVE W

City
BRIERState
WAZip Code
98036-8928FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693841

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRAZEAU, RICHARD, , ,

Mailing Address 38 AMHERST RD

City
LEVERETTState
MAZip Code
01054-5402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739398

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRAZEAU, RICHARD, , ,

Mailing Address 38 AMHERST RD

City
LEVERETTState
MAZip Code
01054-5402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745326

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BREDEWEG, TODD, , ,

Mailing Address 7604 CREE CIR

City
SANTA FEState
NMZip Code
87507-3101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LANLOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642107

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BREDEWEG, TODD, , ,

Mailing Address 7604 CREE CIR

City
SANTA FEState
NMZip Code
87507-3101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LANLOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653273

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BREDEWEG, TODD, , ,

Mailing Address 7604 CREE CIR

City
SANTA FEState
NMZip Code
87507-3101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LANLOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661210

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BREIT, STEPHEN, , ,

Mailing Address 54 RICH VALLEY RD

City
WAYLANDState
MAZip Code
01778-2428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COVENTOR INC.Occupation (for Individual)
ENGINEERING MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792018

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRENAMAN, MIRIAM, B, ,

Mailing Address 1925 FOULKEWAYS

City
GWYNEDDState
PAZip Code
19436-1008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678084

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRENAMAN, MIRIAM, B, ,

Mailing Address 1925 FOULKEWAYS

City
GWYNEDDState
PAZip Code
19436-1008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726846

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRENNAN, ERIC, , ,

Mailing Address 193 OCEAN DR W

City
STAMFORDState
CTZip Code
06902-8004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668275

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 211 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRENNAN, ERIC, , ,

Mailing Address 193 OCEAN DR W

City
STAMFORDState
CTZip Code
06902-8004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789133

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRENNAN, PATRICIA, A, ,

Mailing Address 1694 HUSTED AVE

City
SAN JOSEState
CAZip Code
95124-1924FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724624

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRENNEKE, KEVIN, , ,

Mailing Address 35 COTTONWOOD LN

City
ENNISState
MTZip Code
59729-9001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44760501

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 212 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRENNEMAN, BARRY, , ,

Mailing Address 418 ABBY RD

City
EL PASOState
ILZip Code
61738-1349FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760741**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRENNER, DORI, I., ,Mailing Address 40 W 4TH ST
APT 158City
PATCHOGUEState
NYZip Code
11772-2134FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653282**

Amount of Each Receipt this Period

59.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRETT, STEVEN, , ,

Mailing Address 4025 YORKSHIRE LN

City
NORTHBROOKState
ILZip Code
60062-3019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BAXTER INTERNATIONALOccupation (for Individual)
CORPORATE COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646602**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

559.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BREVARD, ROSEMARY, , ,

Mailing Address 2 HAVERHILL WAY

City
SAN ANTONIOState
TXZip Code
78209-8318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684279

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRICKELL, CELIA, , ,

Mailing Address 14741 N 2410 RD

City
MOUNTAIN VIEWState
OKZip Code
73062-6200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646608

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRICKELL, CELIA, , ,

Mailing Address 14741 N 2410 RD

City
MOUNTAIN VIEWState
OKZip Code
73062-6200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689017

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRICKELL, CELIA, , ,

Mailing Address 14741 N 2410 RD

City
MOUNTAIN VIEWState
OKZip Code
73062-6200FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708736

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRICKMEIER, PAUL, C, ,

Mailing Address 8 FOX DEN RD

City
BETHELState
CTZip Code
06801-1223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44668290

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRICKMEIER, PAUL, C, ,

Mailing Address 8 FOX DEN RD

City
BETHELState
CTZip Code
06801-1223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720404

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRICKMEIER, PAUL, C, ,

Mailing Address 8 FOX DEN RD

City
BETHELState
CTZip Code
06801-1223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735650

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRIDGER, NICHOLAS, J, ,Mailing Address 1617 BROOKVALE DR
APT 1City
SAN JOSEState
CAZip Code
95129-4632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678089

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRIDGES, SYDNEY, , ,

Mailing Address 3389 SURREY DR

City
SALINEState
MIZip Code
48176-9571FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785891

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRIDGES, SYDNEY, , ,

Mailing Address 3389 SURREY DR

City
SALINEState
MIZip Code
48176-9571FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787901**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRINTON, BONNIE, , ,

Mailing Address 1305 HANOVER PL

City
SAN LUIS OBISPOState
CAZip Code
93401-8222FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723945**

Amount of Each Receipt this Period

675.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682200**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.26

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44689024

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.26

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44696099

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.26

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708762

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734875

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740207

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746152

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768043

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768744

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

296.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787368

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRITO, CAROLE, A, ,

Mailing Address 124 LUGAR DE ORO

City
SANTA FEState
NMZip Code
87501-1582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.26

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797909

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRITTON, CONSTANCE, , ,

Mailing Address 1990 S BUNDY DR

City
LOS ANGELESState
CAZip Code
90025-5240FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44757330

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRITTON, FRED, , ,

Mailing Address 1000 THELMA DR

City
GRANBURYState
TXZip Code
76049-5512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797872

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRODERICK, DENA, , ,

Mailing Address 5 WILLIAM CASEY RD

City
SPENCERState
MAZip Code
01562-3033FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784309**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROOKS, PATRICIA, M., ,

Mailing Address 801 E 1150 RD

City
BALDWIN CITYState
KSZip Code
66006-7295FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745513**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROOKS, SARAH, D, ,

Mailing Address 4760 JOHNSON CREEK LOOP

City
COLLEGE STATIONState
TXZip Code
77845-3889FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TEXAS A & MOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771451**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROSS, JOHN, A, ,

Mailing Address 1827 N ORLEANS ST

City
CHICAGOState
ILZip Code
60614-5303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766735**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROTHER, THOMAS, , ,

Mailing Address 1409 E BRAEMERE RD

City
BOISEState
IDZip Code
83702-1857FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708805**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROTHER, THOMAS, , ,

Mailing Address 1409 E BRAEMERE RD

City
BOISEState
IDZip Code
83702-1857FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786014**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, BARBARA, , ,Mailing Address 7450 SPRING VALLEY DR
APT 125City
SPRINGFIELDState
VAZip Code
22150FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784986**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, BARRY, , ,

Mailing Address 2919 BLACK WALNUT CT

City
RICHMONDState
TXZip Code
77469-2005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682218**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CHARLOTTE, , ,

Mailing Address 241 FURNACE DOCK RD

City
CORTLANDT MANORState
NYZip Code
10567-6535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FASHION INSTITUTE OF TECHNOLOGYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668343**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, CHARLOTTE, , ,

Mailing Address 241 FURNACE DOCK RD

City
CORTLANDT MANORState
NYZip Code
10567-6535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FASHION INSTITUTE OF TECHNOLOGYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668369**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, CHARLOTTE, , ,

Mailing Address 241 FURNACE DOCK RD

City
CORTLANDT MANORState
NYZip Code
10567-6535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FASHION INSTITUTE OF TECHNOLOGYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783196**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, CHERYL, , ,

Mailing Address 205 NEAL LN

City
SPICEWOODState
TXZip Code
78669-8440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ORACLE AMERICAOccupation (for Individual)
BI TECHNICAL DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708813**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, CHERYL, , ,

Mailing Address 205 NEAL LN

City
SPICEWOODState
TXZip Code
78669-8440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ORACLE AMERICAOccupation (for Individual)
BI TECHNICAL DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708851**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, ELIZABETH, , ,Mailing Address 1367 K ST SE
APT 103City
WASHINGTONState
DCZip Code
20003-4447FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHILDREN'S HOSPITAL ASSOCIATIONOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677661**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, HAMILTON, , ,

Mailing Address PO BOX 399

City
ARROYO SECOState
NMZip Code
87514-0399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720430**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, HAMILTON, , ,

Mailing Address PO BOX 399

City
ARROYO SECOState
NMZip Code
87514-0399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720431

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, IAN, , ,

Mailing Address 1968 6TH AVE

City
WEST LINNState
ORZip Code
97068-4602FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF OREGONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720437

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, KATHLEEN, , ,

Mailing Address 101 RICARDO AVE

City
PIEDMONTState
CAZip Code
94611-3937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794203

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

580.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, MARTHA, , ,Mailing Address 3000 S OCEAN BLVD
APT 408City
PALM BEACHState
FLZip Code
33480-5691FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678125**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, PETER, , ,

Mailing Address 1522 ESBENSHADE RD

City
LANCASTERState
PAZip Code
17601-4450FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695283**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, STUART, , ,

Mailing Address 85 MAIN DR

City
SAN RAFAELState
CAZip Code
94901-2517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665924**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, SUZANNA, , ,

Mailing Address 11215 SAINT JUDES DR

City
DALLASState
TXZip Code
75230-3657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O SUZANNAOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678121

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, SUZANNA, , ,

Mailing Address 11215 SAINT JUDES DR

City
DALLASState
TXZip Code
75230-3657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O SUZANNAOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678126

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, SUZANNA, , ,

Mailing Address 11215 SAINT JUDES DR

City
DALLASState
TXZip Code
75230-3657FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
O SUZANNAOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708838

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

132.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWNELL, ANNE, M., ,

Mailing Address 122 DUKES COUNTY AVE

City

OAK BLUFFS

State

MA

Zip Code

02557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

DANCE THERAPY

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1878.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634698

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWNELL, ANNE, M., ,

Mailing Address 122 DUKES COUNTY AVE

City

OAK BLUFFS

State

MA

Zip Code

02557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

DANCE THERAPY

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720450

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWNELL, ANNE, M., ,

Mailing Address 122 DUKES COUNTY AVE

City

OAK BLUFFS

State

MA

Zip Code

02557

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

DANCE THERAPY

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

2381.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732825

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ►

1003.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWNING, RUFUS, , ,

Mailing Address 1125 KEITH AVE

City
BERKELEYState
CAZip Code
94708-1606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708872**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWNSTONE, EVELYN, , ,Mailing Address 19191 HARVARD AVE
APT 133FCity
IRVINEState
CAZip Code
92612-4654FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753321**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCKNER, STEVEN, , ,

Mailing Address 8620 POLK ST

City
MCLEANState
VAZip Code
22102-1525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661269**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCKNER, STEVEN, , ,

Mailing Address 8620 POLK ST

City
MCLEANState
VAZip Code
22102-1525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689076

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City

SANTA CRUZ

State

CA

Zip Code

95060-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653379

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City

SANTA CRUZ

State

CA

Zip Code

95060-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689077

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City
SANTA CRUZState
CAZip Code
95060-6263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44708879

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City
SANTA CRUZState
CAZip Code
95060-6263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720454

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City
SANTA CRUZState
CAZip Code
95060-6263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737376

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City
SANTA CRUZState
CAZip Code
95060-6263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763966

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUCOLI, MICHAEL, , ,

Mailing Address 294 SWANTON BLVD

City
SANTA CRUZState
CAZip Code
95060-6263FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766003

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUGGERE, PATRICIA, L., ,

Mailing Address 19189 KAPTEYNS ST

City
WEST LINNState
ORZip Code
97068-1901FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664967

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

540.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRUML, WILLIAM, , ,

Mailing Address 1768 MIDDLEHURST RD

City
CLEVELANDState
OHZip Code
44118-1648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784195

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRUNS, SCOTT, , ,

Mailing Address 4623 CINEMA AVE NE

City
GRAND RAPIDSState
MIZip Code
49525-6863FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696166

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRUSHART, SANDRA, T, ,Mailing Address 3908 N CHARLES ST
APT 700City
BALTIMOREState
MDZip Code
21218-1744FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797413

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUBE, JUNE, , ,

Mailing Address 13036 10TH AVE NE

City
SEATTLEState
WAZip Code
98125-3919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEATTLE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696178

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUBE, JUNE, , ,

Mailing Address 13036 10TH AVE NE

City
SEATTLEState
WAZip Code
98125-3919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEATTLE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726889

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUBE, JUNE, , ,

Mailing Address 13036 10TH AVE NE

City
SEATTLEState
WAZip Code
98125-3919FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SEATTLE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763972

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCHANEK, ELIZABETH, M, ,Mailing Address 5700 ARLINGTON AVE
APT 3CCity
BRONXState
NYZip Code
10471-1506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CLINICAL SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737960

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCHBERGER, APRIL, , ,

Mailing Address 7820 MOUNT DIABLO CT

City

FAIR OAKS

State

CA

Zip Code

95628-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLARK PACIFICOccupation (for Individual)
STRUCTURAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668418

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCHBERGER, APRIL, , ,

Mailing Address 7820 MOUNT DIABLO CT

City

FAIR OAKS

State

CA

Zip Code

95628-7404

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLARK PACIFICOccupation (for Individual)
STRUCTURAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668419

Amount of Each Receipt this Period

65.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

362.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCHOLTZ, HERBERT, , ,

Mailing Address 425 MEADOWVIEW DR

City
SAINT JOHNSState
MIZip Code
48879-2035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44689097**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCK, MARK, , ,

Mailing Address 25 CHURCHILL WAY

City
LEBANONState
NHZip Code
03766-1881FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678143**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCKINGHAM, MARGARET, , ,

Mailing Address 1006 JOSEPH CT

City
NIPOMOState
CAZip Code
93444-6666FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2025**Transaction ID : 44707051**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCKLES, GERALDINE, , ,

Mailing Address 16910 LOCHERBIE AVE

City
BEVERLY HILLSState
MIZip Code
48025-4147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783182**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCKLEY, DANIEL, , ,

Mailing Address 44 OAKDALE DR

City
HASTINGS ON HUDSONState
NYZip Code
10706-1208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DISNEYOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743755**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCKLEY, DANIEL, , ,

Mailing Address 44 OAKDALE DR

City
HASTINGS ON HUDSONState
NYZip Code
10706-1208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DISNEYOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785321**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634735

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634736

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634737

Amount of Each Receipt this Period

120.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44696184

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743320

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUCKNER, CHARLES, , ,

Mailing Address 8004 S PRAIRIE AVE

City
CHICAGOState
ILZip Code
60619-3608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44757218

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUERGER, PAUL, , ,

Mailing Address 2907 HEMLOCK DR

City
SAN ANGELOState
TXZip Code
76904-6114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEARSOccupation (for Individual)
BACKROOM ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653406

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUERGER, PAUL, , ,

Mailing Address 2907 HEMLOCK DR

City
SAN ANGELOState
TXZip Code
76904-6114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEARSOccupation (for Individual)
BACKROOM ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741267

Amount of Each Receipt this Period

59.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUERGER, PAUL, , ,

Mailing Address 2907 HEMLOCK DR

City
SAN ANGELOState
TXZip Code
76904-6114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEARSOccupation (for Individual)
BACKROOM ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786865

Amount of Each Receipt this Period

21.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BULATEK, DAVID, , ,

Mailing Address 21 JAKE ST

City
ITHACAState
NYZip Code
14850-5122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689107**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BULLER, DAVE, , ,Mailing Address 4401 ROLAND AVE
UNIT 101City
BALTIMOREState
MDZip Code
21210-2721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44708949**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUNN, DAVID, , ,

Mailing Address 12 SYLVAN VISTA DR

City
AUBURNState
CAZip Code
95603-3251FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661287**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

862.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUNYAN, PATRICIA, , ,Mailing Address 800 AVE AT PORT IMPERIAL BLVD
APT 619City
WEEHAWKENState
NJZip Code
07086-5508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720477

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUOL, DEBORAH, , ,

Mailing Address 2640 BECKER CT

City
DUBUQUEState
IAZip Code
52001-1607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642169

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUOL, DEBORAH, , ,

Mailing Address 2640 BECKER CT

City
DUBUQUEState
IAZip Code
52001-1607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668442

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUOL, DEBORAH, , ,

Mailing Address 2640 BECKER CT

City
DUBUQUEState
IAZip Code
52001-1607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745586

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURCHENAL, SUSAN, S, ,

Mailing Address 712 PRINCETON RD

City
WILMINGTONState
DEZip Code
19807-2948FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728758

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUREK, KATHLEEN, , ,

Mailing Address 9837 BLUEBIRD ST NW

City
COON RAPIDSState
MNZip Code
55433-5341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795692

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURKE, CAROLYN, M, ,

Mailing Address 619 PLYMOUTH DR

City
DURANGOState
COZip Code
81301-4770FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796012**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURKE, CAROLYN, M, ,

Mailing Address 619 PLYMOUTH DR

City
DURANGOState
COZip Code
81301-4770FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798775**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURKE, LILLIAN, P, ,

Mailing Address 6521 MARINA DR

City
PROSPECTState
KYZip Code
40059-8848FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VETERANS ADMINISTRATIONOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735795**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURKE, THOMAS, , ,

Mailing Address 22170 BAVARIAN PL

City
BROOKSVILLEState
FLZip Code
34601-5723FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703169

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURKHART, MARY, Q, ,

Mailing Address 300 WILLOW CREEK RD

City
AUBURNState
ALZip Code
36832-4120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678155

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURLING, JEAN, , ,

Mailing Address 20 LANG RD

City
CORNISHState
NHZip Code
03745-4209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44708989

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURLING, JEAN, , ,

Mailing Address 20 LANG RD

City
CORNISHState
NHZip Code
03745-4209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740385

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURNS, KRISTY, , ,

Mailing Address 4395 COURT DR

City
SANTA CRUZState
CAZip Code
95062-5214FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HPEOccupation (for Individual)
SOLURION ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745699

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURNS, MELODY, , ,

Mailing Address 2500 RHEEM AVE

City
RICHMONDState
CAZip Code
94804-1075FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682256

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

358.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BURROUGHS, NIKOLE, , ,

Mailing Address 4704 MONACO CIR

City
BETHESDAState
MDZip Code
20814-3738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TIBER CREEK GROUPOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44677659

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BURT, CHARLES, E, ,

Mailing Address 22563 FOREST MANOR DR

City
ASHBURNState
VAZip Code
20148-6900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709019

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BURTON, REGINA, , ,Mailing Address 3137 EL CAJON BLVD
APT 23City
SAN DIEGOState
CAZip Code
92104-1392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CAREGIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44653444

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUSCH, OLWEN, , ,

Mailing Address 2358 RIVERSIDE AVE

City
JACKSONVILLEState
FLZip Code
32204-4610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44726915**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUSWELL, BARBARA, , ,

Mailing Address 1320 N WAHSATCH AVE

City
COLORADO SPRINGSState
COZip Code
80903-2420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEAK PARENT CENTEROccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791983**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUSWELL, BARBARA, , ,

Mailing Address 1320 N WAHSATCH AVE

City
COLORADO SPRINGSState
COZip Code
80903-2420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEAK PARENT CENTEROccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44796128**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTKUS, SUE, , ,

Mailing Address 4813 N FRACE AVE

City
TACOMAState
WAZip Code
98407-1351FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767345**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTLER, BRUCE, W, ,

Mailing Address 2604 CAMP BROOK RD

City
BETHELState
VTZip Code
05032-4483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668517**

Amount of Each Receipt this Period

118.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTLER, BRUCE, W, ,

Mailing Address 2604 CAMP BROOK RD

City
BETHELState
VTZip Code
05032-4483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696238**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

628.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTLER, BRUCE, W, ,

Mailing Address 2604 CAMP BROOK RD

City
BETHELState
VTZip Code
05032-4483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709046

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTLER, BRUCE, W, ,

Mailing Address 2604 CAMP BROOK RD

City
BETHELState
VTZip Code
05032-4483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709049

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTLER, BRUCE, W, ,

Mailing Address 2604 CAMP BROOK RD

City
BETHELState
VTZip Code
05032-4483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766466

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTLER, LISBETH, , ,

Mailing Address 261 SAWMILL RD

City
DURANGOState
COZip Code
81303-7663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783352

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTLER, LISBETH, , ,

Mailing Address 261 SAWMILL RD

City
DURANGOState
COZip Code
81303-7663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788428

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTLER, LISBETH, , ,

Mailing Address 261 SAWMILL RD

City
DURANGOState
COZip Code
81303-7663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800155

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTLER, LISBETH, , ,

Mailing Address 261 SAWMILL RD

City
DURANGOState
COZip Code
81303-7663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800943**

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTLER, PAMELA, A., ,

Mailing Address 18614 STANTON AVE

City
CASTRO VALLEYState
CAZip Code
94546-2712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748462**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUTTERWORTH, PAUL, E., ,

Mailing Address PO BOX 1360

City
ALAMOState
CAZip Code
94507-7360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VANTIQ INCOccupation (for Individual)
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703183**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

804.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BUTTITTA, MARY, E, ,

Mailing Address 18 YANCEY FEARRINGTON POST 1062

City
PITTSBOROState
NCZip Code
27312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661319**

Amount of Each Receipt this Period

725.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BUTZER, THOMAS, , ,

Mailing Address 5420 FREMONT AVE S

City
MINNEAPOLISState
MNZip Code
55419-1625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764901**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BYER, ROBERT, , ,

Mailing Address 340 PALO ALTO AVE

City
MOUNTAIN VIEWState
CAZip Code
94041-1118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702387**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BYNOE, CLEVELAND, , ,

Mailing Address 499 ROCK SHADOW CT

City
STONE MOUNTAINState
GAZip Code
30087-5631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642192

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BYNOE, CLEVELAND, , ,

Mailing Address 499 ROCK SHADOW CT

City
STONE MOUNTAINState
GAZip Code
30087-5631FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44772301

Amount of Each Receipt this Period

- 400.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BYRD, JOHNNIE, HENDERSON, ,

Mailing Address 825 N PRAIRIEVILLE ST

City
ATHENSState
TXZip Code
75751-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654773

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BYRD, JOHNNIE, HENDERSON, ,

Mailing Address 825 N PRAIRIEVILLE ST

City
ATHENSState
TXZip Code
75751-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731143

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BYRD, PAMELA, , ,

Mailing Address 205 W END AVE
APT 15TCity
NEW YORKState
NYZip Code
10023-4822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749682

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BYRNE, JOHN, , ,

Mailing Address 17730 FORESTON RD

City
PARKTONState
MDZip Code
21120-9655FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRICERAT INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726927

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BYRNES, JIM, , ,

Mailing Address 5 HOOPES DR

City
LANDENBERGState
PAZip Code
19350-1315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF DELAWAREOccupation (for Individual)
IT GUY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642196**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CABAL, ALICIA, , ,

Mailing Address 1585 W 76TH ST

City
HIALEAHState
FLZip Code
33014-3314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703187**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CABALLERO, KIMBERLY, , ,Mailing Address 535 W 37TH ST
APT 109City
SAN PEDROState
CAZip Code
90731-6966FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
BUSINESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752773**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

687.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CABRASER, ELIZABETH, J., ,

Mailing Address 5100 VINE HILL RD

City
SEBASTOPOLState
CAZip Code
95472-2021FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

LIEFF CABRASER HEIMANN & BERNSTEIN LLP

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44677692

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CABRASER, ELIZABETH, J., ,

Mailing Address 5100 VINE HILL RD

City
SEBASTOPOLState
CAZip Code
95472-2021FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

LIEFF CABRASER HEIMANN & BERNSTEIN LLP

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693362

Amount of Each Receipt this Period

- 5700.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CADLE, DAVID, , ,

Mailing Address 10414 W CONGRESS ST

City
WAUWATOSAState
WIZip Code
53225-4539FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703190

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44487.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALAVAN, MICHAEL, M, ,

Mailing Address 1137 SE 34TH AVE

City
PORTLANDState
ORZip Code
97214-4220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERNATIONAL DEVELOPMENT CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737196

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALAVAN, MICHAEL, M, ,

Mailing Address 1137 SE 34TH AVE

City
PORTLANDState
ORZip Code
97214-4220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERNATIONAL DEVELOPMENT CC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766106

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALAWAY, CONNIE, LOESBY, ,

Mailing Address 1023 HERITAGE DR

City
CARBONDALEState
COZip Code
81623-3103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709113

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 260 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALAWAY, CONNIE, LOESBY, ,

Mailing Address 1023 HERITAGE DR

City
CARBONDALEState
COZip Code
81623-3103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756938

Amount of Each Receipt this Period

24.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALAWAY, CONNIE, LOESBY, ,

Mailing Address 1023 HERITAGE DR

City
CARBONDALEState
COZip Code
81623-3103FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791371

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALDERONE, GERALD, , ,Mailing Address 403 KING FARM BLVD
APT 102City
ROCKVILLEState
MDZip Code
20850-6686FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FEDERAL GOVERNMENTOccupation (for Individual)
HEALTH RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634816

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

127.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALDERONE, GERALD, , ,Mailing Address 403 KING FARM BLVD
APT 102City
ROCKVILLEState
MDZip Code
20850-6686FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FEDERAL GOVERNMENTOccupation (for Individual)
HEALTH RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797079**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALHOON, KATHRYN, F., ,

Mailing Address 3520 BYRON AVE

City
NASHVILLEState
TNZip Code
37205-2502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792842**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALLAHAN, EDWARD, , ,

Mailing Address 1814 IMPERIAL AVE

City
DAVISState
CAZip Code
95616-3137FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA, DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634819**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALLAHAN, EDWARD, , ,

Mailing Address 1814 IMPERIAL AVE

City
DAVISState
CAZip Code
95616-3137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA, DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696258

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALLAHAN, EDWARD, , ,

Mailing Address 1814 IMPERIAL AVE

City
DAVISState
CAZip Code
95616-3137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA, DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703200

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALLAHAN, EDWARD, , ,

Mailing Address 1814 IMPERIAL AVE

City
DAVISState
CAZip Code
95616-3137FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA, DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798184

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALLWELL, ROBERT, , ,Mailing Address 1550 SUTTER ST
APT 525City
SAN FRANCISCOState
CAZip Code
94109-5382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703202

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALLWELL, ROBERT, , ,Mailing Address 1550 SUTTER ST
APT 525City
SAN FRANCISCOState
CAZip Code
94109-5382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703203

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALLWELL, ROBERT, , ,Mailing Address 1550 SUTTER ST
APT 525City
SAN FRANCISCOState
CAZip Code
94109-5382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

271.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756179

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

96.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CALLWELL, ROBERT, , ,Mailing Address 1550 SUTTER ST
APT 525City
SAN FRANCISCOState
CAZip Code
94109-5382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793770

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CALVY, PATRICIA, , ,

Mailing Address 1105 LONE TREE RD

City
ELM GROVEState
WIZip Code
53122-2020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUPER NATURAL DIST.Occupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44634828

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CALZETTI, DANIELA, , ,

Mailing Address 170 E LEVERETT RD

City
AMHERSTState
MAZip Code
01002-1204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MASSACHUSETTSOccupation (for Individual)
FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709132

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMACHO, GERALDINE, , ,

Mailing Address 35832 LINDA DR

City
FREMONTState
CAZip Code
94536-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762347

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMACHO, GERALDINE, , ,

Mailing Address 35832 LINDA DR

City
FREMONTState
CAZip Code
94536-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793964

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMACHO, GERALDINE, , ,

Mailing Address 35832 LINDA DR

City
FREMONTState
CAZip Code
94536-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795138

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMACHO, GERALDINE, , ,

Mailing Address 35832 LINDA DR

City
FREMONTState
CAZip Code
94536-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797913**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMACHO, GERALDINE, , ,

Mailing Address 35832 LINDA DR

City
FREMONTState
CAZip Code
94536-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799742**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMBRIA, FRANK, , ,Mailing Address 780 WILLOWBROOK DR
APT 701City
NAPLESState
FLZip Code
34108-8592FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695057**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMPAGNA, PETER, , ,

Mailing Address 830 FOXGLOVE ST

City
ERIEState
COZip Code
80516-7063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745425**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, CAROL, , ,

Mailing Address 1759 RIDGEWOOD DR

City
WASHINGTONState
PAZip Code
15301-8331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WASHINGTON SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762308**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMPBELL, JUDITH, E, ,

Mailing Address 54 SAMSON AVE

City
MADISONState
NJZip Code
07940-2840FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646734**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMPBELL, JUDITH, E, ,

Mailing Address 54 SAMSON AVE

City
MADISONState
NJZip Code
07940-2840FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678190

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, JUDITH, E, ,

Mailing Address 54 SAMSON AVE

City
MADISONState
NJZip Code
07940-2840FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720530

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMPBELL, JUDITH, E, ,

Mailing Address 54 SAMSON AVE

City
MADISONState
NJZip Code
07940-2840FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750275

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMPBELL, JUDITH, E., ,

Mailing Address 54 SAMSON AVE

City
MADISONState
NJZip Code
07940-2840FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757036

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, PETER, L., ,

Mailing Address 8103 CARRLEIGH PKWY

City
SPRINGFIELDState
VAZip Code
22152-1238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709156

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMPBELL, RICHARD, , ,

Mailing Address 10514 PUTNEY RD

City
LOS ANGELESState
CAZip Code
90064-3330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF LOS ANGELESOccupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670112

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMPBELL, RICHARD, , ,

Mailing Address 10514 PUTNEY RD

City
LOS ANGELESState
CAZip Code
90064-3330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF LOS ANGELESOccupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710937**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAMPBELL, RICHARD, , ,

Mailing Address 10514 PUTNEY RD

City
LOS ANGELESState
CAZip Code
90064-3330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF LOS ANGELESOccupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733924**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAMPISI, DAVID, , ,

Mailing Address 316 31ST PL

City
MANHATTAN BCHState
CAZip Code
90266-3920FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709163**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAMPISI, DAVID, , ,

Mailing Address 316 31ST PL

City
MANHATTAN BCHState
CAZip Code
90266-3920FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739993**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANDLAND, BARBARA, , ,

Mailing Address 7808 GREEN TWIG RD

City
BETHESDAState
MDZip Code
20817-6918FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731914**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709172**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

730.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709176

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703218

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744721

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44761318

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768574

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770841

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786714

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790592

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CANNON, CATHERINE, , ,

Mailing Address 1309 FAIRVIEW DR

City
COLUMBIAState
SCZip Code
29205-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799353

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CANTACUZENE, MICHAEL, , ,

Mailing Address 3801 FULTON ST NW

City
WASHINGTONState
DCZip Code
20007-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ORR ASSOCIATES INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763224**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANTLON, MICHAEL, , ,

Mailing Address 756 9TH ST SE

City
WASHINGTONState
DCZip Code
20003-2804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LIBRARY OF CONGRESSOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789548**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CANTOR, MOLLY, , ,

Mailing Address 20 BRIDGE ST

City
SHELBURNE FALLSState
MAZip Code
01370-1103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
POTTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668619**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAPP, PAMELA, , ,

Mailing Address 1134 SPENCER HILL DR

City
SAINT PETERSState
MOZip Code
63376-5136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASCENSION RISK SERVICESOccupation (for Individual)
CLAIMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653526**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAPPS, JACK, L., ,

Mailing Address 14001 W 92ND ST

City
LENEXAState
KSZip Code
66215-3408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707504**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAPPS, JACK, L., ,

Mailing Address 14001 W 92ND ST

City
LENEXAState
KSZip Code
66215-3408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771643**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44653529**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44653530**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

563.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44653531**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661352**

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709188**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732827**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

463.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1051.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764066

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1076.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766922

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAR, ROBERTO, , ,

Mailing Address 51 ETTL CIR

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1186.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786304

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAR, ROBERTO, , ,

Mailing Address 51 Ettl Cir

City
PRINCETONState
NJZip Code
08540-2327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRINCETON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1186.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788373

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARACCILOLO, MICHAEL, , ,

Mailing Address 1021 S Tracy Ave

City
BOZEMANState
MTZip Code
59715-5329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CHEF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709189

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARACCILOLO, MICHAEL, , ,

Mailing Address 1021 S Tracy Ave

City
BOZEMANState
MTZip Code
59715-5329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CHEF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754425

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARACCILOLO, MICHAEL, , ,

Mailing Address 1021 S TRACY AVE

City
BOZEMANState
MTZip Code
59715-5329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CHEF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801116**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARESS, WARREN, H., ,

Mailing Address 3321 CARESS CIR

City
ANCHORAGEState
AKZip Code
99507-2717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720543**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAREY, DONALD, , ,

Mailing Address 7517 NW 66TH TER

City
TAMARACState
FLZip Code
33321-5202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WALMARTOccupation (for Individual)
GROCERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653542**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAREY, DONALD, , ,

Mailing Address 7517 NW 66TH TER

City
TAMARACState
FLZip Code
33321-5202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WALMARTOccupation (for Individual)
GROCERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678200**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAREY, DONALD, , ,

Mailing Address 7517 NW 66TH TER

City
TAMARACState
FLZip Code
33321-5202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WALMARTOccupation (for Individual)
GROCERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797920**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARL, CHARLES, W., ,

Mailing Address 2 FIFER LN

City
LEXINGTONState
MAZip Code
02420-1231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747734**

Amount of Each Receipt this Period

1800.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1865.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARL, WILLIAM, , ,

Mailing Address 8565 CANADA RD

City
BIRCH RUNState
MIZip Code
48415-8429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693884**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARLBERG, RALPH, , ,

Mailing Address PO BOX 1336

City
WINTHROPState
WAZip Code
98862-3004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709212**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARLOCK, DAVID, , ,Mailing Address 5280 CAROLINE ST
APT 1202City
HOUSTONState
TXZip Code
77004-5884FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MACHETE GROUPOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800512**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARLOS, NEVIA, R., ,

Mailing Address 36 E PARKWOOD ST

City
ALBANYState
NYZip Code
12203-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44771194

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARLSON, DIANE, , ,

Mailing Address 5554 HENRY LOOP

City
THE VILLAGESState
FLZip Code
32163-5212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770183

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARLSON, SARA, , ,

Mailing Address 321 E 29TH PL

City
TULSAState
OKZip Code
74114-5204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44668666

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARLSON, SUSAN, E, ,

Mailing Address 4146 DAVID ST

City
CASTRO VALLEYState
CAZip Code
94546-4624FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726953

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARNES, GEORGE, A, ,

Mailing Address 8016 FM 1303

City
FLORESVILLEState
TXZip Code
78114-6147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726962

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARNEY, DENNIS, W., ,

Mailing Address 2227 KEYSTONE RD

City
CLEVELANDState
OHZip Code
44134-3020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44694878

Amount of Each Receipt this Period

800.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

890.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARPENTER, JAMES, A., ,

Mailing Address 48 CENTAURUS RANCH RD

City
SANTA FEState
NMZip Code
87507-7912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LIVE NATION ENTERTAINMENTOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667156

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARPENTER, SANDRA, , ,

Mailing Address 8532 HOLLYWOOD BLVD

City
LOS ANGELESState
CAZip Code
90069-1414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STORM KING PRODUCTIONS INC.Occupation (for Individual)
FILM PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797961

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARR, PATRICK, , ,

Mailing Address 1136 SUNSET DR

City
TULSAState
OKZip Code
74114-1244FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARR & CARR ATTORNEYS AT LAWOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44668684

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARR, SCOTT, , ,

Mailing Address 7171 NORFOLK RD

City
BERKELEYState
CAZip Code
94705-1742FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARR & CARR ATTORNEYSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668681

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARR, SHEILA, , ,

Mailing Address 6423 BRENTFORD DR

City
SPRINGFIELDState
VAZip Code
22152-2803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735699

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARTER, BUELL, , ,

Mailing Address 3 DARL CT

City
EAST GREENWICHState
RIZip Code
02818-1129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734407

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, BUELL, , ,

Mailing Address 3 DARL CT

City
EAST GREENWICHState
RIZip Code
02818-1129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770406**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTER, DANIEL, R, ,

Mailing Address PO BOX 130

City
LITTLE FALLSState
NYZip Code
13365-0130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681672**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARTER, PETER, REED, ,Mailing Address 30 MOUNDS RD
APT 403City
SAN MATEOState
CAZip Code
94402-1256FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686822**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

660.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CARTER, RICHARD, S, ,

Mailing Address 304 BELLE FOREST CT

City
KINGSPORTState
TNZip Code
37663-2931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709272

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTER, RICHARD, S, ,

Mailing Address 304 BELLE FOREST CT

City
KINGSPORTState
TNZip Code
37663-2931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709275

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CARUSO, LAWRENCE, , ,

Mailing Address 83 CHURCH ST

City
WINCHESTERState
MAZip Code
01890-2590FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703248

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASACCIA, PAULA, , ,

Mailing Address 982 W TENNIEL DR

City
GREEN VALLEYState
AZZip Code
85614-6165FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646773**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASACCIA, PAULA, , ,

Mailing Address 982 W TENNIEL DR

City
GREEN VALLEYState
AZZip Code
85614-6165FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746124**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASELEY, CLIFFORD, , ,

Mailing Address 36 B ST

City
HUDSONState
NHZip Code
03051-2843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BHEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44726983**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASELEY, CLIFFORD, , ,

Mailing Address 36 B ST

City
HUDSONState
NHZip Code
03051-2843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BHEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735590

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASELEY, CLIFFORD, , ,

Mailing Address 36 B ST

City
HUDSONState
NHZip Code
03051-2843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BHEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798142

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASEY, PAMELA, , ,

Mailing Address 4812 GREENWICH DR

City
HIGHLANDS RANCHState
COZip Code
80130-5203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722408

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASHINS, WILLIAM, X., ,

Mailing Address 45 LOCUST ST

City
READINGState
MAZip Code
01867-2154FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731963**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CASPER, THEODORE, , ,

Mailing Address 51 OSCEOLA AVE

City
IRVINGTONState
NYZip Code
10533-2641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PULMONARY MEDICINE P.C.Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634926**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASPER, THEODORE, , ,

Mailing Address 51 OSCEOLA AVE

City
IRVINGTONState
NYZip Code
10533-2641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PULMONARY MEDICINE P.C.Occupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783779**

Amount of Each Receipt this Period

180.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

867.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CASSIDY, THEODORE, K, ,

Mailing Address 723 AVENIDA PEQUENA

City
SANTA BARBARAState
CAZip Code
93111-1415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44749053**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CATALANO, JOE, , ,

Mailing Address 423 DIAMOND ST

City
SAN FRANCISCOState
CAZip Code
94114-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653608**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CATALANO, JOE, , ,

Mailing Address 423 DIAMOND ST

City
SAN FRANCISCOState
CAZip Code
94114-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668737**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CATALANO, JOE, , ,

Mailing Address 423 DIAMOND ST

City
SAN FRANCISCOState
CAZip Code
94114-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696351

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CATALANO, JOE, , ,

Mailing Address 423 DIAMOND ST

City
SAN FRANCISCOState
CAZip Code
94114-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762395

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAULEY, JOHN, B., ,

Mailing Address 1726 MAIN ST

City
GREENBRIERState
TNZip Code
37073-5602FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHRISTMAN DONE BRIGHTOccupation (for Individual)
CO-OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681675

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CAULK, PARRIS, M., ,

Mailing Address 11913 RIDING LOOP TER

City
NORTH POTOMACState
MDZip Code
20878-3881FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
APPLIED BIOSYSTEMSOccupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668744**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CAVILL, ROBERT, , ,Mailing Address 2903 E 25TH AVE
APT 501City
SPOKANEState
WAZip Code
99223-7603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723968**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CEASE, RONALD, , ,

Mailing Address 2625 NE HANCOCK ST

City
PORTLANDState
ORZip Code
97212-5048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44634947**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CEASE, RONALD, , ,

Mailing Address 2625 NE HANCOCK ST

City
PORTLANDState
ORZip Code
97212-5048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682328**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CEASE, RONALD, , ,

Mailing Address 2625 NE HANCOCK ST

City
PORTLANDState
ORZip Code
97212-5048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682329**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CECENA, BECKY, , ,

Mailing Address 831 LINWOOD ST

City
VACAVILLEState
CAZip Code
95688-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709325**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CECENA, BECKY, , ,

Mailing Address 831 LINWOOD ST

City
VACAVILLEState
CAZip Code
95688-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720571

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CECENA, BECKY, , ,

Mailing Address 831 LINWOOD ST

City
VACAVILLEState
CAZip Code
95688-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44726995

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CECENA, BECKY, , ,

Mailing Address 831 LINWOOD ST

City
VACAVILLEState
CAZip Code
95688-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782286

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CECIL, DOROTHY, E., ,Mailing Address 500 E MARYLYN AVE
APT F95City
STATE COLLEGEState
PAZip Code
16801-6290FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686641**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CECIL, DOROTHY, E., ,Mailing Address 500 E MARYLYN AVE
APT F95City
STATE COLLEGEState
PAZip Code
16801-6290FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723504**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CERQUA, FERNE, , ,

Mailing Address 4922 26TH ST

City
KENOSHAState
WIZip Code
53144-1341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44653626**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CERQUA, FERNE, , ,

Mailing Address 4922 26TH ST

City
KENOSHAState
WIZip Code
53144-1341FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720573

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHADBOURNE, ANGELA, , ,

Mailing Address 904 S OAKLAND ST

City
ARLINGTONState
VAZip Code
22204-1591FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785862

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHADWICK, R FRANCES, , ,

Mailing Address PO BOX 10396

City
PRESCOTTState
AZZip Code
86304-0396FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MINGUS VIEW CHURCHOccupation (for Individual)
CHOIR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702484

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

444.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAFEY, KATHLEEN, H, ,

Mailing Address 3550 BLACKWOOD RD

City
BOZEMANState
MTZip Code
59718-7618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731915**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAFFEE, LOIS, E., ,Mailing Address 200 LAUREL LAKE DR
APT G109City
HUDSONState
OHZip Code
44236-2189FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793373**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAKRABARTI, UTPAL, , ,

Mailing Address 5523 KURT DR

City
ALLENTOWNState
PAZip Code
18104-9003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682332**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAKRABARTI, UTPAL, , ,

Mailing Address 5523 KURT DR

City
ALLENTOWNState
PAZip Code
18104-9003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720575

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAKRABARTI, UTPAL, , ,

Mailing Address 5523 KURT DR

City
ALLENTOWNState
PAZip Code
18104-9003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791747

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHALLAIN, CHERIE, , ,

Mailing Address 8517 EVERGREEN DR NE

City
OLYMPIAState
WAZip Code
98506-9740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738659

Amount of Each Receipt this Period

120.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

122.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHALLAIN, CHERIE, , ,

Mailing Address 8517 EVERGREEN DR NE

City
OLYMPIAState
WAZip Code
98506-9740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44746422

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAMBERLAIN, BETTE, , ,

Mailing Address 427 LEDGEVIEW DR

City
ROCHESTERState
NHZip Code
03839-5625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756463

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAMBERLAIN, BETTE, , ,

Mailing Address 427 LEDGEVIEW DR

City
ROCHESTERState
NHZip Code
03839-5625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783932

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 2977

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAMPION, KENNETH, , ,

Mailing Address 6337 CREEKCREST CIR

City
CITRUS HEIGHTSState
CAZip Code
95621-6205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793323

Amount of Each Receipt this Period

140.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAMPLIN, RICHARD, , ,

Mailing Address 102 WOOD DUCK CT

City
HACKETTSTOWNState
NJZip Code
07840-3313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709350

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAN, MARIE, Y., ,

Mailing Address 107 RAY CT

City
FREMONTState
CAZip Code
94536-4481FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653641

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 OF 2977

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAN, WILLIAM, , ,

Mailing Address 1998 8TH AVE

City
SAN FRANCISCOState
CAZip Code
94116-1439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 05 2025**Transaction ID : 44653640**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, DAVID, , ,

Mailing Address 2312 W CULLERTON ST

City
CHICAGOState
ILZip Code
60608-2515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 10 2025**Transaction ID : 44681350**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, DAVID, , ,

Mailing Address 2312 W CULLERTON ST

City
CHICAGOState
ILZip Code
60608-2515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 13 2025**Transaction ID : 44696375**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, DAVID, , ,

Mailing Address 2312 W CULLERTON ST

City
CHICAGOState
ILZip Code
60608-2515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703278

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDLER, DAVID, , ,Mailing Address 6000 RIVERSIDE DR
UNIT 4208City
DUBLINState
OHZip Code
43017-2939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750447

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHANDLER, JEFFREY, C., ,

Mailing Address 1902 ARLINGTON PL

City
MADISONState
WIZip Code
53726-4002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PERSONAL PROPERTY APPRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738458

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHANDLER, JEFFREY, C., ,

Mailing Address 1902 ARLINGTON PL

City
MADISONState
WIZip Code
53726-4002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PERSONAL PROPERTY APPRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760314**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHANDRAN, CHITRALEKHA, , ,

Mailing Address 13205 IPOLITA ST

City
VENICEState
FLZip Code
34293-4534FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695043**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAPLIN, KENT, L, ,

Mailing Address 8628 COPPER KNOLL AVE

City
LAS VEGASState
NVZip Code
89129-7651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689263**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAPMAN, AMY, , ,

Mailing Address 115 FAIRWAY DR

City
SANTA ROSAState
CAZip Code
95409-5606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761574**

Amount of Each Receipt this Period

105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAPMAN, AMY, , ,

Mailing Address 115 FAIRWAY DR

City
SANTA ROSAState
CAZip Code
95409-5606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762421**

Amount of Each Receipt this Period

105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAPPELL, ROBERT, , ,

Mailing Address 10306 LIPPITT AVE

City
DALLASState
TXZip Code
75218-2250FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44746824**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAPUIS, RALPH, A, ,Mailing Address 812 SOUTH ST
APT 1City
KEY WESTState
FLZip Code
33040-4764FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661414**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHARLES, ELLEN, M, ,

Mailing Address 1408 31ST ST NW

City
WASHINGTONState
DCZip Code
20007-3105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696382**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHATFIELD, MARY, P, ,Mailing Address 986 MEMORIAL DR
APT 205City
CAMBRIDGEState
MAZip Code
02138-5743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727008**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAVEZ, GEORGE, , ,

Mailing Address 6901 SAN VICENTE AVE NE

City
ALBUQUERQUEState
NMZip Code
87109-2790FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.24

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767530

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHAVEZ, GEORGE, , ,

Mailing Address 6901 SAN VICENTE AVE NE

City
ALBUQUERQUEState
NMZip Code
87109-2790FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.24

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767882

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAVEZ, GEORGE, , ,

Mailing Address 6901 SAN VICENTE AVE NE

City
ALBUQUERQUEState
NMZip Code
87109-2790FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.24

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769068

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHAVOUS, DONNA, , ,

Mailing Address 131 7TH AVE

City
NEW YORKState
NYZip Code
10011-1802FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERVENTIONIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800847**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHELTE, JUDITH, SEGZDOWICZ, ,

Mailing Address 309 MONTCALM ST

City
CHICOPEEState
MAZip Code
01020-3129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664966**

Amount of Each Receipt this Period

675.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642267**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

880.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642268**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661424**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661425**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661426

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661428

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661429

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAIRD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696395

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAIRD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696396

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAIRD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696397

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696398

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696399

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709395

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709397

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709398

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709400

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709401

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709402

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709403

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709408**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703292**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703293**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740944**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754167**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755757**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766488

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768885

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHEN, PHILIP, PAI-PIN, ,

Mailing Address 130 5B TUNGHAI RD

City
TAICHUNGState
NYZip Code
40767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770631

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHENOWETH, CRYSTAL, , ,

Mailing Address 30 POWDERHORN LN

City
HOLLISTONState
MAZip Code
01746-2475FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEISS RESIDENTIAL RESEARCHOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44682342**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHESNE, JANET, , ,

Mailing Address 61 VILLAGE PKWY

City
SANTA MONICAState
CAZip Code
90405-2852FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44696405**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHESTER, DEBRA, , ,

Mailing Address 2 PHEASANT RUN

City
SCARSDALEState
NYZip Code
10583-3141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678273**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

512.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHEUNG, MELINDA, , ,

Mailing Address PO BOX 4314

City
WHEATONState
ILZip Code
60189-4314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761611**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHICKERING, STEVEN, D, ,

Mailing Address 5820 KNOBCONE CT

City
RICHMONDState
CAZip Code
94803-3582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF HEALTH AND HUMAN SERVICEOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635008**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHICKERING, STEVEN, D, ,

Mailing Address 5820 KNOBCONE CT

City
RICHMONDState
CAZip Code
94803-3582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF HEALTH AND HUMAN SERVICEOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635009**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHIDLOW, CARL, , ,

Mailing Address 800 PARKWAY TER

City
ALEXANDRIAState
VAZip Code
22302-3613FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINNING STRATEGIES WASHINGTONOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44646191**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHILD, JONATHAN, , ,

Mailing Address 36 W 15TH ST

City
NEW YORKState
NYZip Code
10011-6800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797503**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHINITZ, BARBARA, , ,

Mailing Address 422 OAKLAND VALLEY RD

City
CUDDEBACKVILLEState
NYZip Code
12729-5131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701991**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHIOCHIOS, NICHOLAS, , ,

Mailing Address 1036 LAKEVIEW WAY

City
EMERALD HILLSState
CAZip Code
94062-3446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793038

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOLST, DAVID, , ,

Mailing Address 2015 N MOHAWK ST

City
CHICAGOState
ILZip Code
60614-4514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHAPMAN AND CUTLER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44653686

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOLST, DAVID, , ,

Mailing Address 2015 N MOHAWK ST

City
CHICAGOState
ILZip Code
60614-4514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHAPMAN AND CUTLER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44653687

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHOLST, DAVID, , ,

Mailing Address 2015 N MOHAWK ST

City
CHICAGOState
ILZip Code
60614-4514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHAPMAN AND CUTLER LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798379**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHONEY, JEFFREY, , ,Mailing Address 300 BOYLSTON ST
UNIT 1103City
BOSTONState
MAZip Code
02116-3967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703302**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHONEY, JEFFREY, , ,Mailing Address 300 BOYLSTON ST
UNIT 1103City
BOSTONState
MAZip Code
02116-3967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767381**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHONEY, JEFFREY, , ,Mailing Address 300 BOYLSTON ST
UNIT 1103City
BOSTONState
MAZip Code
02116-3967FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793138

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHOUINARD, PAUL, , ,

Mailing Address 2105 BIRCHWOOD AVE

City

WILMETTE

State

IL

Zip Code

60091-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LLEWELLYN, INC.Occupation (for Individual)
COMPUTER SOFTWARE DEVELOPE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761002

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHOW, LOUIS, , ,

Mailing Address 3012 WESTMORELAND DR

City

MOUNTAIN BRK

State

AL

Zip Code

35223-2728

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772246

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHRISTEN, MARJORIE, , ,

Mailing Address 839 BRAE BURN LN

City
ROCKFORDState
ILZip Code
61107-3805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASTRO-PHYSICSOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44668846**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHRISTENSEN, KAREN, , ,

Mailing Address 1400 N CAMINO DEL SAPO

City
TUCSONState
AZZip Code
85743-8586FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44764422**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHUBB, ARTHUR, , ,

Mailing Address 207 15TH AVE

City
INDIAN ROCKS BEACHState
FLZip Code
33785-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44653706**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHUBB, ARTHUR, , ,

Mailing Address 207 15TH AVE

City
INDIAN ROCKS BEACHState
FLZip Code
33785-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44668864

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHUBB, ARTHUR, , ,

Mailing Address 207 15TH AVE

City
INDIAN ROCKS BEACHState
FLZip Code
33785-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678285

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHUBB, ARTHUR, , ,

Mailing Address 207 15TH AVE

City
INDIAN ROCKS BEACHState
FLZip Code
33785-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720608

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 328 OF 2977

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHUBB, ARTHUR, , ,

Mailing Address 207 15TH AVE

City
INDIAN ROCKS BEACHState
FLZip Code
33785-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797333

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHURCH, CHARLES, , ,

Mailing Address 76 LINCOLN CITY RD

City
SALISBURYState
CTZip Code
06068-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE LAW OFFICE OF CHARLES R. CHURCH, LOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678286

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHURCH, LYNNE, , ,

Mailing Address 814 A ST SE

City
WASHINGTONState
DCZip Code
20003-1340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDSCAPE DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709461

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHURCHILL, JEAN, M., ,

Mailing Address 283 LAPLA RD

City
KINGSTONState
NYZip Code
12401-7743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BARD COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681771**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CIOFFI, LORRAINE, T., ,

Mailing Address 35 BUTTERNUT CT

City
OAKLANDState
NJZip Code
07436-1814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772213**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CITRANO, CHRISTINE, , ,

Mailing Address 13038 PEMBROKE DR

City
NAPLESState
FLZip Code
34105-5100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHN R. WOOD PROPERTIESOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44807072**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CITRIN, GLENN, , ,Mailing Address 24 BENNETT AVE
APT 4BCity
NEW YORKState
NYZip Code
10033-2111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK CITY DEPARTMENT OF EDUCATIONOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720611

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLADER, LINDA, , ,Mailing Address 5556 MONTGOMERY DR
APT N201City
SANTA ROSAState
CAZip Code
95409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696445

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLANCY, MARIA, , ,

Mailing Address PO BOX 3370

City
BALD HEAD ISLANDState
NCZip Code
28461-7003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755314

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLANCY, MARIA, , ,

Mailing Address PO BOX 3370

City
BALD HEAD ISLANDState
NCZip Code
28461-7003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796552

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, DEBBIE, JANE, ,

Mailing Address 32947 PORTER CREEK WAY

City
AVONState
OHZip Code
44011-2084FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635035

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, DEBBIE, JANE, ,

Mailing Address 32947 PORTER CREEK WAY

City
AVONState
OHZip Code
44011-2084FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653738

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, DEBBIE, JANE, ,

Mailing Address 32947 PORTER CREEK WAY

City
AVONState
OHZip Code
44011-2084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781508

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, DEBBIE, JANE, ,

Mailing Address 32947 PORTER CREEK WAY

City
AVONState
OHZip Code
44011-2084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786475

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, HANNAH, , ,

Mailing Address 3408 BEAUVOIR PL

City
MONROEState
LAZip Code
71201-2409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653729

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, HANNAH, , ,

Mailing Address 3408 BEAUVOIR PL

City
MONROEState
LAZip Code
71201-2409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761147

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, HANNAH, , ,

Mailing Address 3408 BEAUVOIR PL

City
MONROEState
LAZip Code
71201-2409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764365

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, HANNAH, , ,

Mailing Address 3408 BEAUVOIR PL

City
MONROEState
LAZip Code
71201-2409FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791129

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, JULIA, E., ,

Mailing Address 69 FOREST AT DUKE DR

City
DURHAMState
NCZip Code
27705-5639FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44746780**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, LEIF, , ,

Mailing Address 1105 BONNER ST

City
HOUSTONState
TXZip Code
77007-5608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681654**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, MAXINE, , ,

Mailing Address 155 N BEMISTON AVE

City
SAINT LOUISState
MOZip Code
63105-3810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646831**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, RANDALL, B., ,

Mailing Address 105 WOODY CREEK RD

City
GREERState
SCZip Code
29650-3039FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668893

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, RICHARD, W., ,

Mailing Address 2115 NW 199TH ST

City
SHORELINEState
WAZip Code
98177-2344FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654625

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, SANDRA, , ,

Mailing Address 1425 THOMAS RD

City
BEAUMONTState
TXZip Code
77706-3634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MCLAFFY WIHU, PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709500

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARK, SARAH, , ,

Mailing Address 2021 WAVERLEY ST

City
PALO ALTOState
CAZip Code
94301-3850FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722777**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARK, STEVE, , ,

Mailing Address 3168 HOLLOWAY CT

City
NEWBURY PARKState
CAZip Code
91320-5551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696449**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARKE, JILL, , ,

Mailing Address 2035 MOUNT VERNON ST

City
PHILADELPHIAState
PAZip Code
19130-3235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAN'T SAYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788104**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLARKE, STEVE, , ,

Mailing Address 2310 STANSBURY RD

City
CHAPEL HILLState
NCZip Code
27516-9399FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709521

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLARKE, STEVE, , ,

Mailing Address 2310 STANSBURY RD

City
CHAPEL HILLState
NCZip Code
27516-9399FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797146

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARKSON, JULIE, , ,

Mailing Address 6153 N TRIPP AVE

City
CHICAGOState
ILZip Code
60646-5231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KINZIEOccupation (for Individual)
TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749167

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLAY, CINDERETHA, , ,Mailing Address 408 W QUEEN ST
APT 103City
INGLEWOODState
CAZip Code
90301-5109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787292

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLAY, CINDERETHA, , ,Mailing Address 408 W QUEEN ST
APT 103City
INGLEWOODState
CAZip Code
90301-5109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788257

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLAY, CINDERETHA, , ,Mailing Address 408 W QUEEN ST
APT 103City
INGLEWOODState
CAZip Code
90301-5109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797340

Amount of Each Receipt this Period

48.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLEMENTS LAMNEK, JOAN, , ,

Mailing Address 3121 BUFFALO SPEEDWAY
APT 2204City
HOUSTONState
TXZip Code
77098-1843FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772125

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635059

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635060

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668917

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668918

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668919

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709549

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709550

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709551

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709552

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746216

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLEMMONS, RICHARD, E., ,

Mailing Address 2020 179TH CT NE

City
REDMONDState
WAZip Code
98052-6063FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762515

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLEVELAND, WILLIAM, , ,Mailing Address 5910 WILSON BLVD
APT 314City
ARLINGTONState
VAZip Code
22205-1553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44706519

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLEWELL, LYNDIA, , ,

Mailing Address 1841 ALHAMBRA DR

City
ANN ARBORState
MIZip Code
48103-5006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668921

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLIFFORD, LOREN, RICHARD, ,

Mailing Address 426 E MICHIGAN ST

City
MARQUETTEState
MIZip Code
49855-3828FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731730

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLORE, GERALD, , ,

Mailing Address 3191 RYE HOLLOW LN

City
CHARLOTTESVILLEState
VAZip Code
22903-9319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV. OF VIRGINIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678301

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLORE, GERALD, , ,

Mailing Address 3191 RYE HOLLOW LN

City
CHARLOTTESVILLEState
VAZip Code
22903-9319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV. OF VIRGINIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727048

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLORE, GERALD, , ,

Mailing Address 3191 RYE HOLLOW LN

City
CHARLOTTESVILLEState
VAZip Code
22903-9319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV. OF VIRGINIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787044

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689322**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737886**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755329**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755995**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761663**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLOSE, ANN, , ,Mailing Address 229 W 96TH ST
7GCity
NEW YORKState
NYZip Code
10025-6337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALFRED A. KNOPFOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762016**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLOSE, LEROY, , ,

Mailing Address 316 W MAIN RD

City
LITTLE COMPTONState
RIZip Code
02837-1222FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MR.Occupation (for Individual)
CLERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720634**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COATES, GORDON, , ,

Mailing Address 45 VERNON ST

City
NORTHAMPTONState
MAZip Code
01060-2845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703336**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COATES, GORDON, , ,

Mailing Address 45 VERNON ST

City
NORTHAMPTONState
MAZip Code
01060-2845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792063**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COBOURN, JUDITH, , ,

Mailing Address 182 COLONIAL PARK DR

City
SANTA ROSAState
CAZip Code
95403-1172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44724027

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COBURN, BILL, , ,

Mailing Address 512 DOWNERS GRV

City
THE VILLAGESState
FLZip Code
32162-6343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44661481

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COBURN, BILL, , ,

Mailing Address 512 DOWNERS GRV

City
THE VILLAGESState
FLZip Code
32162-6343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44733699

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COBURN, BILL, , ,

Mailing Address 512 DOWNERS GRV

City
THE VILLAGESState
FLZip Code
32162-6343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734030

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COBURN, BILL, , ,

Mailing Address 512 DOWNERS GRV

City
THE VILLAGESState
FLZip Code
32162-6343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799067

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COCHRANE, DENNIS, , ,

Mailing Address 241 BROOK VALLEY RD

City
KINNELONState
NJZip Code
07405-3331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMA OF NJOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635073

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COCHRANE, DENNIS, , ,

Mailing Address 241 BROOK VALLEY RD

City
KINNELONState
NJZip Code
07405-3331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMA OF NJOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768667

Amount of Each Receipt this Period

90.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CODISPOTI, FRANCES, , ,

Mailing Address 14545 MANUELLA RD

City
LOS ALTOS HILLSState
CAZip Code
94022-2024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686831

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COFFEY, MARGARET, , ,

Mailing Address 1017 E BALDWIN AVE

City
SPOKANEState
WAZip Code
99207-2514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754806

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

5095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COFFEY, MARGARET, , ,

Mailing Address 1017 E BALDWIN AVE

City
SPOKANEState
WAZip Code
99207-2514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756315

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COFFMAN, WILLIAM, RONNIE, ,

Mailing Address 26 DEERHAVEN DR

City
ITHACAState
NYZip Code
14850-2911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CORNELL UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686068

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COGORNO, GENE, R., ,

Mailing Address 1422 CHERRY GARDEN LN

City
SAN JOSEState
CAZip Code
95125-4001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
TEACHING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793010

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1306.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COHEN, DAVID, , ,

Mailing Address 3209 BROAD BRANCH TER NW

City
WASHINGTONState
DCZip Code
20008-2017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762804**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COHEN, JACK, B., ,Mailing Address 17475 FRANCES ST
APT 3018City
OMAHAState
NEZip Code
68130-2354FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748678**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHEN, LAWRENCE, , ,

Mailing Address 11150 CASHMERE ST

City
LOS ANGELESState
CAZip Code
90049-3203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769980**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COHEN, LAWRENCE, , ,

Mailing Address 11150 CASHMERE ST

City
LOS ANGELESState
CAZip Code
90049-3203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788345

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COHEN, LAWRENCE, , ,

Mailing Address 11150 CASHMERE ST

City
LOS ANGELESState
CAZip Code
90049-3203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793967

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHEN, MARSHA, , ,

Mailing Address 3001 VEAZEY TER NW
APT 1611City
WASHINGTONState
DCZip Code
20008-5410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REINSURANCE ASSOCIATION OF AMERICAOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738560

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COHEN, MELVIN, L, ,

Mailing Address 13722 CAPE BLF

City
SAN ANTONIOState
TXZip Code
78216-1605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44747150

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COHN, MARYA, , ,

Mailing Address 160 CHAMBERS ST
APT 1City
NEW YORKState
NYZip Code
10007-1071FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
WRITER/TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739807

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHN, NANCY, , ,

Mailing Address 100 SHAWNEE RD

City
ARDMOREState
PAZip Code
19003-1629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765285

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COKER, DAVID, , ,

Mailing Address 7087 SARONI DR

City
OAKLANDState
CAZip Code
94611-1418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761154

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLANDO, PAT, , ,

Mailing Address 18721 PORTOFINO DR

City
IRVINEState
CAZip Code
92603-3404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770442

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, H, STEVEN, ,

Mailing Address 38 OLMSTEAD ST

City
JAMAICA PLAINState
MAZip Code
02130-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOSTON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668970

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

268.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBURN, H, STEVEN, ,

Mailing Address 38 OLMSTEAD ST

City
JAMAICA PLAINState
MAZip Code
02130-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOSTON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720647**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBURN, H, STEVEN, ,

Mailing Address 38 OLMSTEAD ST

City
JAMAICA PLAINState
MAZip Code
02130-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOSTON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799034**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678315**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696504**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709608**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

298.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709610**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720648

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743090

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

369.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44761674

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBURN, JODI, , ,Mailing Address 925 S BEDFORD ST
APT 1City
LOS ANGELESState
CAZip Code
90035-1983FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEADHUNTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762611

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBY, CHARLOTTE, , ,Mailing Address 1801 BOXHEART DR
UNIT 457City
HEALDSBURGState
CAZip Code
95448-6429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635084

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBY, CHARLOTTE, , ,Mailing Address 1801 BOXHEART DR
UNIT 457City
HEALDSBURGState
CAZip Code
95448-6429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668973

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

233.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLBY, CHARLOTTE, , ,Mailing Address 1801 BOXHEART DR
UNIT 457City
HEALDSBURGState
CAZip Code
95448-6429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709611

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLBY, FRED, , ,

Mailing Address 705 SNOWY PLAIN RD

City
FORT COLLINSState
COZip Code
80525-8702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682386

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLBY, KATE, , ,

Mailing Address 2958 PURGATORY CREEK DR

City
LOVELANDState
COZip Code
80538-7278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757439

Amount of Each Receipt this Period

15000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLE, MARY, , ,

Mailing Address 1513 WESTERHAM LOOP

City
TRINITYState
FLZip Code
34655-7155FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749100**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLE, ROBERT, , ,

Mailing Address 1884 MORRIS ST

City
SARASOTAState
FLZip Code
34239-4512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733327**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLE, SARA, , ,

Mailing Address 3315 E AVENUE H14

City
LANCASTERState
CAZip Code
93535-2440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WELLS FARGOOccupation (for Individual)
ANALYTIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44668981**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLE, SARA, , ,

Mailing Address 3315 E AVENUE H14

City
LANCASTERState
CAZip Code
93535-2440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WELLS FARGOOccupation (for Individual)
ANALYTIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668984

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLE, SUSAN, , ,

Mailing Address 163 SHADOWLINE DR
APT 126City
BOONEState
NCZip Code
28607-5363FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722432

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLEMAN, DAVID, , ,

Mailing Address 190 WORTHAM CT

City
MOUNTAIN VIEWState
CAZip Code
94040-4446FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784495

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLEMAN, JAMES, SEYMOUR, ,

Mailing Address 103 PETER FRANCISCO DR

City
HOPEWELLState
VAZip Code
23860-1860FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728789**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLEMAN, MARY RUTH, B, ,

Mailing Address 173 CAPTAINS WALK RD

City
BLOUNTS CREEKState
NCZip Code
27814-9415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744806**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635092**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3740.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	04	/	2025

Transaction ID : 44646863

Amount of Each Receipt this Period

375.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	06	/	2025

Transaction ID : 44661495

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3940.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	06	/	2025

Transaction ID : 44661496

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**575.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668990

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668991

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4740.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44668992

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4790.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678321**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682393**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4915.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689349**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5165.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	13	/	2025

Transaction ID : 44696517

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5415.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44709627

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y
02	/	18	/	2025

Transaction ID : 44720656

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**515.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5555.00

Date of Receipt

02 / 19 / 2025**Transaction ID : 44727066**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5555.00

Date of Receipt

02 / 19 / 2025**Transaction ID : 44727067**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5655.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44746470**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**225.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5905.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

Transaction ID : 44750603

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5930.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44755610

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5980.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

Transaction ID : 44761777

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**300.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5980.00

Date of Receipt

02 / 26 / 2025**Transaction ID : 44764547**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44781610**

Amount of Each Receipt this Period

150.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address **5414 RIVER RUN TRL**
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44782505**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**200.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783206

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785424

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787900

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLES, DAVID, , ,Mailing Address 5414 RIVER RUN TRL
APT CCity
FORT WAYNEState
INZip Code
46825-6069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CONCORDIA THEOLOGICAL SEMINARYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6980.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789738

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLES, DAYTON, , ,

Mailing Address 273 HARVARD DR

City
LARKSPURState
CAZip Code
94939-1130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709628

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLGATE, JESSIE, M., ,

Mailing Address 5815 POTOMAC AVE NW

City
WASHINGTONState
DCZip Code
20016-2517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORK LIFE INSURANCE COMPANYOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709629

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLE, KENNETH, , ,

Mailing Address N6903 HOLSTEIN PRAIRIE RD

City
MONTICELLOState
WIZip Code
53570-9518FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729346

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLEDGE, DALE, R., ,

Mailing Address 8 PINEWOOD DR

City
DOUGLASSVILLEState
PAZip Code
19518-1562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792594

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLIER, BILL, , ,

Mailing Address 243 N CARNEGIE AVE

City
PORT TOWNSENDState
WAZip Code
98368-2231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635097

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINS, WILLIAM, , ,

Mailing Address 2 SPYGLASS DR

City
AIKENState
SCZip Code
29803-5957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669005

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINS, WILLIAM, , ,

Mailing Address 2 SPYGLASS DR

City
AIKENState
SCZip Code
29803-5957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669015

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLINS, WILLIAM, , ,

Mailing Address 2 SPYGLASS DR

City
AIKENState
SCZip Code
29803-5957FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720663

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLINS, WILLIAM, , ,

Mailing Address 2 SPYGLASS DR

City
AIKENState
SCZip Code
29803-5957FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788525

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLINS-MROZ, MARSHA, , ,

Mailing Address 8615 W MADISON DR

City
NILESState
ILZip Code
60714-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INDEPENDENT CONTRACTOROccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44807069

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLISON, ROBERT, , ,

Mailing Address 627 EASTWOOD DR

City
SOLONState
IAZip Code
52333-8959FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCY HEALTH SYSTEMOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755443

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLLMER, DEBORAH, , ,Mailing Address 1152 S 500 E
APT 1City
SALT LAKE CITYState
UTZip Code
84105-1116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661506**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLLMER, DEBORAH, , ,Mailing Address 1152 S 500 E
APT 1City
SALT LAKE CITYState
UTZip Code
84105-1116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44709650**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLLOPY, DOROTHY-MAE, , ,

Mailing Address 1529 S TROY ST

City
AURORAState
COZip Code
80012-5337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44755658**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLSON, BARBARA, , ,

Mailing Address 2103 LAUREL PARK PL

City
CHAMPAIGNState
ILZip Code
61822-9498FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44765773**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLTON, ELIZABETH, , ,Mailing Address 9131 BENFIELD RD
APT 118City
CHARLOTTEState
NCZip Code
28269-8794FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661508**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLTON, ELIZABETH, , ,Mailing Address 9131 BENFIELD RD
APT 118City
CHARLOTTEState
NCZip Code
28269-8794FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661509**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLTON, ELIZABETH, , ,Mailing Address 9131 BENFIELD RD
APT 118City
CHARLOTTEState
NCZip Code
28269-8794FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752590**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COLTON, ELIZABETH, , ,Mailing Address 9131 BENFIELD RD
APT 118City
CHARLOTTEState
NCZip Code
28269-8794FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801146**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COLWELL, MICHAEL, J, ,Mailing Address 190 BEACH 69TH ST
APT 7KCity
ARVERNEState
NYZip Code
11692-1380FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669024**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COLWELL, MICHAEL, J, ,

Mailing Address 190 BEACH 69TH ST
APT 7KCity
ARVERNEState
NYZip Code
11692-1380FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669026

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COMEAU, CAROL, S, ,

Mailing Address 712 HIGHLAND DR

City

BELLINGHAM

State

WA

Zip Code

98225-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661510

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COMEAU, CAROL, S, ,

Mailing Address 712 HIGHLAND DR

City

BELLINGHAM

State

WA

Zip Code

98225-6412

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689360

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COMEAU, CAROL, S, ,

Mailing Address 712 HIGHLAND DR

City
BELLINGHAMState
WAZip Code
98225-6412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703367

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONE, CAROL, , ,

Mailing Address 2911 WINDING OAK LN

City
WELLINGTONState
FLZip Code
33414-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635108

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONE, CAROL, , ,

Mailing Address 2911 WINDING OAK LN

City
WELLINGTONState
FLZip Code
33414-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703371

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONE, CAROL, , ,

Mailing Address 2911 WINDING OAK LN

City
WELLINGTONState
FLZip Code
33414-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766153

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONE, CAROL, , ,

Mailing Address 2911 WINDING OAK LN

City
WELLINGTONState
FLZip Code
33414-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769217

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONGER, RAND, D., ,

Mailing Address 25845 N BOLERO BND

City
RIO VERDEState
AZZip Code
85263-7234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684509

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONLON, JEROME, , ,

Mailing Address 419 4TH ST SE

City
WASHINGTONState
DCZip Code
20003-2006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772232**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONN, JANET, , ,

Mailing Address 5804 OAK LN

City
EDINAState
MNZip Code
55436-2229FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731181**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONNELL, LINDA, JANETTE, ,

Mailing Address 24150 SUMMIT WOODS DR

City
LOS GATOSState
CAZip Code
95033-9293FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASAOccupation (for Individual)
RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783450**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONNER, MARGARET, CAROLYNE, ,

Mailing Address 7040 VANDIVER RD

City
CAMDENState
MOZip Code
64017-9146FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44753795

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONRAD, AUDREY, , ,

Mailing Address 23 BLAKE ST

City
IVORYTONState
CTZip Code
06442-1130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

787.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709692

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONRAD, AUDREY, , ,

Mailing Address 23 BLAKE ST

City
IVORYTONState
CTZip Code
06442-1130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751410

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONRAD, DAVID, R, ,

Mailing Address 2616 COLSTON DR

City
CHEVY CHASEState
MDZip Code
20815-3036FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL WILDLIFE FEDERATIONOccupation (for Individual)
SR. WATER RESOURCES SPECIALIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689373

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONRAD, DAVID, R, ,

Mailing Address 2616 COLSTON DR

City
CHEVY CHASEState
MDZip Code
20815-3036FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL WILDLIFE FEDERATIONOccupation (for Individual)
SR. WATER RESOURCES SPECIALIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696552

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CONTE, ANTHONY, , ,Mailing Address 1200 SINGINGWOOD CT
APT 5City
WALNUT CREEKState
CAZip Code
94595-3225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COLDWELL BANKER REALTYOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738840

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CONWAY, GREGORY, , ,

Mailing Address 457 HILLMAN BND

City
APEXState
NCZip Code
27523-8508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768688

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CONWAY, KIRSTEN, , ,

Mailing Address 1496 HORIZON RIDGE DR NE

City
KEIZERState
ORZip Code
97303-7885FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669066

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOK, MATTHEW, , ,

Mailing Address 101 WALNUT ST

City
PHILADELPHIAState
PAZip Code
19106-3108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHILDREN'S HOSPITAL ASSOCIATIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44701849

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635136

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653871

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669077

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44669078**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44669079**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44669080**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709717

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767069

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767279

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768109

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768448

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768547

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768765

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770421

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770882

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783865**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784709**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44786160**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794013

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794033

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKE, REBECCA, , ,

Mailing Address 4100 JACKSON AVE
APT 342City
AUSTINState
TXZip Code
78731-6073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794810

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKSON, ANTHONY, , ,

Mailing Address PO BOX 280

City
SOUTHFIELDState
MAZip Code
01259-0280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696568**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOKSON, ANTHONY, , ,

Mailing Address PO BOX 280

City
SOUTHFIELDState
MAZip Code
01259-0280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703388**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOKSON, ANTHONY, , ,

Mailing Address PO BOX 280

City
SOUTHFIELDState
MAZip Code
01259-0280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766092**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOKSON, ANTHONY, , ,

Mailing Address PO BOX 280

City
SOUTHFIELDState
MAZip Code
01259-0280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784447**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOMBER, JAMES, , ,Mailing Address 1200 HARWOOD DR S
APT 344City
FARGOState
NDZip Code
58104-6294FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666131**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COONEY, PATRICIA, , ,

Mailing Address 11068 E ACOMA DR

City
SCOTTSDALEState
AZZip Code
85255-1866FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771317**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COONS, MARSHA, , ,

Mailing Address 2835 SHADOW LAKE RD

City
LAFAYETTEState
COZip Code
80026-8970FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737077

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COONS, PAUL, , ,

Mailing Address 4 BALSAM WAY

City
CLIFTON PARKState
NYZip Code
12065-6787FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709721

Amount of Each Receipt this Period

350.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, CHRIS, , ,

Mailing Address 1408 GRADY RANDALL CT

City
MCLEANState
VAZip Code
22101-2511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635145

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, ELAINE, J, ,

Mailing Address 188 GRAVATT DR

City
BERKELEYState
CAZip Code
94705-1529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762175

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, ELAINE, J, ,

Mailing Address 188 GRAVATT DR

City
BERKELEYState
CAZip Code
94705-1529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796163

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, ELAINE, J, ,

Mailing Address 188 GRAVATT DR

City
BERKELEYState
CAZip Code
94705-1529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799655

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, JOHN, , ,Mailing Address PO BOX 504
DAVISCity
DAVISState
WVZip Code
26260-0504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COOPER & PRESTRON PLLCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646894

Amount of Each Receipt this Period

312.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, JOHN, , ,Mailing Address PO BOX 504
DAVISCity
DAVISState
WVZip Code
26260-0504FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COOPER & PRESTRON PLLCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772312

Amount of Each Receipt this Period

- 312.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, JONATHAN, , ,

Mailing Address 28 SOUTHERN RD

City
HARTSDALEState
NYZip Code
10530-2126FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREATER NEW YORK HOSPITAL ASSOCIATIONOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2025

Transaction ID : 44667128

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669091**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703394**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

451.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738575**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744078**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745371**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPER, JULIE, , ,

Mailing Address 9370 SE 171ST LEFLORE LN

City
THE VILLAGESState
FLZip Code
32162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

526.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794545**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COOPER, PHILLIP, R.,

Mailing Address 5758 KINGSBURY ST

City
DEARBORN HEIGHTSState
MIZip Code
48127-3118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742037**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COOPERMAN, NEREIDA, R.,Mailing Address 343 4TH AVE
APT 5GCity
BROOKLYNState
NYZip Code
11215-2721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747817**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COOPERMAN, RICHARD, ,

Mailing Address 15001 REDGATE DR

City
SILVER SPRINGState
MDZip Code
20905-5728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791234**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COPE, RONALD, , ,Mailing Address 19333 W COUNTRY CLUB DR
APT 1123City
AVENTURAState
FLZip Code
33180-2608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678343

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COPE, RONALD, , ,Mailing Address 19333 W COUNTRY CLUB DR
APT 1123City
AVENTURAState
FLZip Code
33180-2608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709733

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COPE, RONALD, , ,Mailing Address 19333 W COUNTRY CLUB DR
APT 1123City
AVENTURAState
FLZip Code
33180-2608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44741975

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COPELAND, KEITH, L, ,

Mailing Address 21261 COUNTY LINE RD

City
SOUTH BELOITState
ILZip Code
61080-9600FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683932**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COPP, JOEL, DONALD, ,

Mailing Address 8388 LONG LAKE RD

City
MOUNDS VIEWState
MNZip Code
55112-4625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683813**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COQUILLE INDIAN TRIBE

Mailing Address 3050 TREMONT ST

City
NORTH BENDState
ORZip Code
97459-3059FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765808**

Amount of Each Receipt this Period

44300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORBETT, THOMAS, , ,

Mailing Address 127 N OAK GROVE DR

City
MADISONState
WIZip Code
53717-1196FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755064

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORBETT, TOMMY, , ,

Mailing Address 2201 ROCKY LANE RD
APT 2000City
ODESSAState
TXZip Code
79762-5440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEXAS DEPARTMENT OF AGING & DISABILITYOccupation (for Individual)
TRUST FUND MONITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771307

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORDOVA, BERTA, E., ,

Mailing Address 1419 DOMINIS ST
APT 1104City
HONOLULUState
HIZip Code
96822-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44695260

Amount of Each Receipt this Period

825.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORDOVA, ROBERT, M., ,

Mailing Address 419 S FAIRFIELD AVE

City
LOMBARDState
ILZip Code
60148-2825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729374**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669108**

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669109**

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

523.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669110

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682427

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709743

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

28.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709744

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709745

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

259.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727096

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727097

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727098

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742629

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744441

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORIN-ASH, LESLIE, , ,

Mailing Address 15 OVERLOOK DR

City
BEDFORDState
MAZip Code
01730-1330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769206

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORKRAN, CHARLOTTE, CLARK, ,

Mailing Address 130 NW 114TH AVE

City
PORTLANDState
ORZip Code
97229-6126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724509

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

508.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORREIA, DAN, , ,

Mailing Address 920 WALNUT ST

City
ALAMEDAState
CAZip Code
94501-4922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669123

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORREIA, DAN, , ,

Mailing Address 920 WALNUT ST

City
ALAMEDAState
CAZip Code
94501-4922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669124

Amount of Each Receipt this Period

5.69

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORREIA, DAN, , ,

Mailing Address 920 WALNUT ST

City
ALAMEDAState
CAZip Code
94501-4922FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

296.38

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734348

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.69

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORREIA, DAN, , ,

Mailing Address 920 WALNUT ST

City
ALAMEDAState
CAZip Code
94501-4922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.38

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791066

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CORTLUND, KATHLEEN, , ,

Mailing Address 3880 CANYON WAY

City
MARTINEZState
CAZip Code
94553-3716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONTRA COSTA CO PROBATION DEPTOccupation (for Individual)
PROBATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785304

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CORTLUND, KATHLEEN, , ,

Mailing Address 3880 CANYON WAY

City
MARTINEZState
CAZip Code
94553-3716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONTRA COSTA CO PROBATION DEPTOccupation (for Individual)
PROBATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794162

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CORTLUND, KATHLEEN, , ,

Mailing Address 3880 CANYON WAY

City
MARTINEZState
CAZip Code
94553-3716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CONTRA COSTA CO PROBATION DEPTOccupation (for Individual)
PROBATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794890

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COSTA, JOSEPH, , ,

Mailing Address 2104 KENDAL WAY

City
SLEEPY HOLLOWState
NYZip Code
10591-1058FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709765

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COSTA, LAURA, J., ,

Mailing Address 640 MISTY CREEK DR

City
MELBOURNEState
FLZip Code
32940-6433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728494

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COSTA, LINDA, , ,

Mailing Address 538 ELAINE DR

City
PITTSBURGHState
PAZip Code
15236-2419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653903**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COTTLE, JEANETTE, , ,

Mailing Address 70 FOREST LN

City
BERKELEYState
CAZip Code
94708-1447FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709776**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COTTON, BETTY, , ,

Mailing Address 10 THE CROSSING BLINDBROOK PURCHAS

City
PURCHASEState
NYZip Code
10577FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732817**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COUCH, MICHAEL, , ,

Mailing Address 560 OXFORD AVE

City
PALO ALTOState
CAZip Code
94306-1153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COUCH INVESTMENTSOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682432

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COUCH, MICHAEL, , ,

Mailing Address 560 OXFORD AVE

City
PALO ALTOState
CAZip Code
94306-1153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COUCH INVESTMENTSOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744167

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COUSINEAU, CARL, , ,

Mailing Address 715 DUNBARTON CIR

City
SACRAMENTOState
CAZip Code
95825-6816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727112

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COVERDALE, DAVID, , ,

Mailing Address 10398 COPPER CLOUD DR

City
RENOState
NVZip Code
89511-5399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44709797

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COVERDALE, DAVID, , ,

Mailing Address 11400 W OLYMPIC BLVD

City

LOS ANGELES

State

CA

Zip Code

90064-1550

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751477

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COVERDALE, DAVID, , ,

Mailing Address 11400 W OLYMPIC BLVD

City

LOS ANGELES

State

CA

Zip Code

90064-1550

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793930

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COVERT, ANNE, , ,

Mailing Address 385 CHESTNUT HILL AVE
APT 612City
BRIGHTONState
MAZip Code
02135-7897FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748181

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COWAN, FREDERIC, , ,

Mailing Address 1747 SULGRAVE RD

City
LOUISVILLEState
KYZip Code
40205-1643FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LYNCH, COX, GILMAN & MAHAN PSCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653925

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COWAN, KEITH, , ,

Mailing Address 3709 SW TRENTON ST

City
SEATTLEState
WAZip Code
98126-3642FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDSCAPE DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786146

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COWLES, CHRISTINE, , ,

Mailing Address 316 WOOD CREEK RD

City
BETHLEHEMState
CTZip Code
06751-1012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CBSOccupation (for Individual)
ACTRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789423**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COX, CAROL, , ,

Mailing Address 52 BURGER LN

City
BUFFALOState
WYZip Code
82834-9654FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799672**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COX, ROBERT, , ,

Mailing Address 1702 LOMA VISTA ST

City
PASADENAState
CAZip Code
91104-3902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793143**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAIG, ANNE, DOYNE HOLDSWORTH, ,Mailing Address 2525 POT SPRING RD
UNIT S731City
LUTHERVILLE TIMONIUMState
MDZip Code
21093-2777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635217

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRAIG, ANNE, DOYNE HOLDSWORTH, ,Mailing Address 2525 POT SPRING RD
UNIT S731City
LUTHERVILLE TIMONIUMState
MDZip Code
21093-2777FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696619

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRAIG, GUY, T., ,

Mailing Address 717 DRAKE AVE

City
SAUSALITOState
CAZip Code
94965-1140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44694885

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAMER, JIM, C, ,

Mailing Address 1225 CEDAR PL

City
DAVISState
CAZip Code
95616-2047FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642367**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRAMER, JIM, C, ,

Mailing Address 1225 CEDAR PL

City
DAVISState
CAZip Code
95616-2047FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669175**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRAMER, JIM, C, ,

Mailing Address 1225 CEDAR PL

City
DAVISState
CAZip Code
95616-2047FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752776**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAMER, JOHN, M., ,

Mailing Address 3826 ORIENTAL RD

City
LIVERPOOLState
PAZip Code
17045-8610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727123

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRAMER, RANDALL, P., ,

Mailing Address 3817 HARRISON ST NW

City
WASHINGTONState
DCZip Code
20015-1925FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766212

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRAMER, RANDALL, P., ,

Mailing Address 3817 HARRISON ST NW

City
WASHINGTONState
DCZip Code
20015-1925FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801634

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAMTON, HARRIET, H., ,

Mailing Address 5303 SAVAGE FARM DR

City
ITHACAState
NYZip Code
14850-6528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693737

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRANDALL, DAVID, EUGENE, ,

Mailing Address 901 MCCORMICK BLVD

City

CLIFTON FORGE

State

VA

Zip Code

24422-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44747440

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRAWFORD, MARC, , ,

Mailing Address 4302 HEATHERHILL CIR

City

LONGMONT

State

CO

Zip Code

80503-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709838

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 421 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRAWFORD, MARY, BETH, ,

Mailing Address 1844 LAKE CREEK AVE

City
EUGENEState
ORZip Code
97408-5943FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731146**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CREED, BARBARA, , ,Mailing Address 501 PORTOLA RD
APT 8185City
PORTOLA VALLEYState
CAZip Code
94028-8631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764404**

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CREGER, JOHN, , ,

Mailing Address 1514 HOLLY ST

City
BERKELEYState
CAZip Code
94703-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREMONT UNIFIED SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44653954**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CREGER, JOHN, , ,

Mailing Address 1514 HOLLY ST

City
BERKELEYState
CAZip Code
94703-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREMONT UNIFIED SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669191

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CREGER, JOHN, , ,

Mailing Address 1514 HOLLY ST

City
BERKELEYState
CAZip Code
94703-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREMONT UNIFIED SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709850

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CREGER, JOHN, , ,

Mailing Address 1514 HOLLY ST

City
BERKELEYState
CAZip Code
94703-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FREMONT UNIFIED SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703444

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CREMIN, JANE, , ,

Mailing Address 9888 VINEYARD CRST

City
BELLEVUEState
WAZip Code
98004-4051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703445

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CREMIN, JANE, , ,

Mailing Address 9888 VINEYARD CRST

City
BELLEVUEState
WAZip Code
98004-4051FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738701

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRITZ, FRANK, , ,

Mailing Address 797 SPRINGDALE RD NE

City
ATLANTAState
GAZip Code
30306-4615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685612

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2030.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROCKETT, ALAN, , ,

Mailing Address 65 MELVIN CT

City
OAKLANDState
CAZip Code
94602-2023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KLA-TENCOROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720723

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRONE, RUTH, , ,Mailing Address 3100 SHORE DR
APT 341City
VIRGINIA BEACHState
VAZip Code
23451-1139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44709876

Amount of Each Receipt this Period

262.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROSBY, EVAN, , ,

Mailing Address PO BOX 56031

City
WEST MEDFORDState
MAZip Code
02155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702681

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1762.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROSS, ROBERT, , ,

Mailing Address 2330 THUNDER RD

City
DURHAMState
NCZip Code
27712-2452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696641**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROSS, ROBERT, , ,

Mailing Address 2330 THUNDER RD

City
DURHAMState
NCZip Code
27712-2452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709888**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROSS, ROBERT, , ,

Mailing Address 2330 THUNDER RD

City
DURHAMState
NCZip Code
27712-2452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767697**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROSS, ROBERT, , ,

Mailing Address 2330 THUNDER RD

City
DURHAMState
NCZip Code
27712-2452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801690

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROSSON, KATHY, , ,

Mailing Address PO BOX 103

City
SUN VALLEYState
IDZip Code
83353-0103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653979

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CROSSON, KATHY, , ,

Mailing Address PO BOX 103

City
SUN VALLEYState
IDZip Code
83353-0103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44653980

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

116.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CROW, CANDICE, , ,

Mailing Address 3872 N BAYOU LN

City
BOISEState
IDZip Code
83703-3022FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749246

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CROWELL, ARETA, , ,Mailing Address 995 E GREEN ST
APT 311City
PASADENAState
CAZip Code
91106-2410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703459

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRUMP, GENE, , ,

Mailing Address 19380 CRUISE DR

City
VENICEState
FLZip Code
34292-2715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44635247

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRUMP, LINDA, , ,

Mailing Address 3260 S 31ST ST

City
LINCOLNState
NEZip Code
68502-5207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ATTORNEYOccupation (for Individual)
U OF NEBRASKA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635248**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRUMP, SATYRA, , ,Mailing Address 825 MORRISON AVE
APT 7JCity
BRONXState
NYZip Code
10473-4439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748577**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CRUMP, STEPHEN, , ,

Mailing Address 64 DEVON RD

City
NORWOODState
MAZip Code
02062-1049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642380**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CRUMP, STEPHEN, , ,

Mailing Address 64 DEVON RD

City
NORWOODState
MAZip Code
02062-1049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44689452

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUCCIO, GARY, , ,

Mailing Address PO BOX 1484

City
HEALDSBURGState
CAZip Code
95448-1484FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732358

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUMMINS, FRED, , ,

Mailing Address 9880 SUNRISE DR

City
PINCKNEYState
MIZip Code
48169-9423FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703469

Amount of Each Receipt this Period

240.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

790.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUNNINGHAM, CONSTANCE, J., ,

Mailing Address 7 S HELDERBERG PKWY

City
SLINGERLANDSState
NYZip Code
12159-9708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCOTIA-GLENVILLE CSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646957**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUNNINGHAM, SHARON, , ,Mailing Address 3111 SACKETT ST
STE 100City
HOUSTONState
TXZip Code
77098-2037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696662**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUNNINGHAM, SHARON, , ,Mailing Address 3111 SACKETT ST
STE 100City
HOUSTONState
TXZip Code
77098-2037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740531**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUOMO, DONNA, J., ,

Mailing Address 6836 ZANGLE RD NE

City
OLYMPIAState
WAZip Code
98506-9747FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760460**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUSHMAN, DAVID, L., ,

Mailing Address 1505 ARCH ST

City
NORRISTOWNState
PAZip Code
19401-3528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL MINISTRIESOccupation (for Individual)
IT PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44709940**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CUTHRELL, ELIZABETH, , ,Mailing Address 176 DUANE ST
APT 6City
NEW YORKState
NYZip Code
10013-3385FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EVENSTAR FILMSOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635273**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CUTHRELL, ELIZABETH, , ,Mailing Address 176 DUANE ST
APT 6City
NEW YORKState
NYZip Code
10013-3385FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EVENSTAR FILMSOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787466**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CUTRONE, THOMAS, BRIAN, ,

Mailing Address 1919 W MEDICAL ST

City
TUCSONState
AZZip Code
85704-1133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694815**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CZARNECKI, KAREN, M, ,

Mailing Address 925 19TH ST

City
WATERVLIETState
NYZip Code
12189-1708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44769586**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DA VIA, JOSEPH, , ,

Mailing Address 111 CHLOE LN

City
AIKENState
SCZip Code
29803-8002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPT OF ENERGYOccupation (for Individual)
CONTRACTOR INDUSTRIAL RELATO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790772**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DA VIA, JOSEPH, , ,

Mailing Address 111 CHLOE LN

City
AIKENState
SCZip Code
29803-8002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPT OF ENERGYOccupation (for Individual)
CONTRACTOR INDUSTRIAL RELATC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796096**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DACEY, KAREN, , ,

Mailing Address 83 PROSPECT ST

City
WEST NEWTONState
MAZip Code
02465-2340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707428**

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAHL, MARILYN, , ,Mailing Address 965 N BRIGHTON CIR
UNIT 256City
CRYSTAL LAKEState
ILZip Code
60012-2049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729308**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DALAL, VIKRAM, , ,

Mailing Address 928 VERMONT CIR

City
AMESState
IAZip Code
50014-3060FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IOWA STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635288**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DALAL, VIKRAM, , ,

Mailing Address 928 VERMONT CIR

City
AMESState
IAZip Code
50014-3060FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IOWA STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727157**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DALY, NANCY, C., ,

Mailing Address 372 CLARKS LANDING RD

City
PORT REPUBLICState
NJZip Code
08241-9786FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44760873**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DALY, TIMOTHY, , ,Mailing Address 5225 CLEVELAND AVE
APT 3City
LINCOLNState
NEZip Code
68504-2744FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VA NWIHCS LINCOLN DIVISIONOccupation (for Individual)
SOCIAL SERVICE REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44755900**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANA, KITTY, , ,

Mailing Address 4600 CHASE AVE

City
BETHESDAState
MDZip Code
20814-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL LEAGUE OF CITIESOccupation (for Individual)
SENIOR HEALTH POLICY ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661637**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANBURY, PETER, , ,

Mailing Address 3023 41ST AVE S

City
MINNEAPOLISState
MNZip Code
55406-2230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787928**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANGERMOND, LAURA, , ,

Mailing Address PO BOX 7555

City
REDLANDSState
CAZip Code
92375-0555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ESRI COMPANYOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782376**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANIEL, ANA, R., ,

Mailing Address PO BOX 146

City
SAGAPONACKState
NYZip Code
11962-0146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740363**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANIEL, ANA, R., ,

Mailing Address PO BOX 146

City
SAGAPONACKState
NYZip Code
11962-0146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767136**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIEL, JOE, , ,

Mailing Address 2166 DECEMBER CT

City
CULPEPERState
VAZip Code
22701-3311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752512**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANIEL, MONTY, , ,

Mailing Address 8100 WOLF CREEK CT

City
EVANSVILLEState
INZip Code
47712-7623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702682**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANIELS, PAULINE, , ,

Mailing Address 2875 WHITETAIL CIR

City
LAFAYETTEState
COZip Code
80026-7001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710000

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELS, PAULINE, , ,

Mailing Address 2875 WHITETAIL CIR

City
LAFAYETTEState
COZip Code
80026-7001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703483

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANIELS, PAULINE, , ,

Mailing Address 2875 WHITETAIL CIR

City
LAFAYETTEState
COZip Code
80026-7001FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783801

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANIELS, THEODORE, , ,Mailing Address 2121 TERRY AVE
APT 1501City
SEATTLEState
WAZip Code
98121-2719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696719**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANIELS, THEODORE, , ,Mailing Address 2121 TERRY AVE
APT 1501City
SEATTLEState
WAZip Code
98121-2719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744926**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANIELS, THEODORE, , ,Mailing Address 2121 TERRY AVE
APT 1501City
SEATTLEState
WAZip Code
98121-2719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762639**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANIELS, THEODORE, , ,Mailing Address 2121 TERRY AVE
APT 1501City
SEATTLEState
WAZip Code
98121-2719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796854

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANSON, LAWRENCE, , ,

Mailing Address 158 CEDAR LN

City
PRINCETONState
NJZip Code
08540-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710010

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DANSON, LAWRENCE, , ,

Mailing Address 158 CEDAR LN

City
PRINCETONState
NJZip Code
08540-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720752

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DANSON, LAWRENCE, , ,

Mailing Address 158 CEDAR LN

City
PRINCETONState
NJZip Code
08540-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750969

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DANSON, LAWRENCE, , ,

Mailing Address 158 CEDAR LN

City
PRINCETONState
NJZip Code
08540-5311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751503

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DARBY, ROBERT, G, ,

Mailing Address 1503 TWILIGHT TRL

City
MT PLEASANTState
SCZip Code
29464-3917FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REALEST DEV AND MQTOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44760737

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DARLING, STEPHEN, J., ,

Mailing Address 6912 S BROOKSHIRE CT

City
SPOKANEState
WAZip Code
99223-6211FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792930**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAROCHA, JOHN, , ,

Mailing Address 10600 SPRINGVALE CT

City
GREAT FALLSState
VAZip Code
22066-1740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682490**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DASSEY, DAVID, , ,Mailing Address 801 E WALNUT ST
APT 1416City
PASADENAState
CAZip Code
91101-5607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722731**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738269

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768695

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770254

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782380

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782909

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785248

Amount of Each Receipt this Period

8.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

24.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794256

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DATES, JANNETTE, , ,Mailing Address 2209 W ROGERS AVE
APT 317City
BALTIMOREState
MDZip Code
21209-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795892

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUGHERTY, SARAH, G., ,

Mailing Address 10207 SE 92ND AVE

City
HAPPY VALLEYState
ORZip Code
97086-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772171

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

611.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 446 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646979**

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678409**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740313**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741256**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745914**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751399**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 448 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766754

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782264

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAUMAN, GLEN, , ,

Mailing Address 16 SERPENTINE LN

City
OLD BETHPAGEState
NYZip Code
11804-1306FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795485

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVALOS, DIANE, , ,

Mailing Address 2929 E 7TH AVENUE PKWY

City
DENVERState
COZip Code
80206-3839FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EXPANDED LEARNINGOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669320

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVENPORT, INA, , ,

Mailing Address 7509 HOGANS BLUFF LN

City
MINT HILLState
NCZip Code
28227-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710029

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVENPORT, JOHN, L, ,

Mailing Address 63 BURDITT AVE

City
HINGHAMState
MAZip Code
02043-1833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710028

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVENPORT, KAREN, GILLIAM, ,

Mailing Address 1701 STONEY CREEK DR

City
CHARLOTTESVILLEState
VAZip Code
22902-7200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF VIRGINIAOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678410

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVENPORT, KAREN, GILLIAM, ,

Mailing Address 1701 STONEY CREEK DR

City
CHARLOTTESVILLEState
VAZip Code
22902-7200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF VIRGINIAOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727172

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, BARBARA, A, ,

Mailing Address PO BOX 1118

City
LONG BEACHState
NYZip Code
11561-0963FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669352

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, CARL, EDGAR, ,

Mailing Address 4234 E OUTER DR

City
DETROITState
MIZip Code
48234-3123FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661663**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, CAROLE, J., ,

Mailing Address 28 HEAVRIN CT

City
BALTIMOREState
MDZip Code
21236-2981FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44684636**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, DOUGLAS, , ,

Mailing Address 862 E FIR ST

City
SEQUIMState
WAZip Code
98382-3563FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44731188**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, EARLINE, , ,

Mailing Address 9 PINEBROOK CT

City
SAVANNAHState
GAZip Code
31405-8135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HASOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710072**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, ELIZABETH, , ,

Mailing Address 2272 NW 136TH TER

City
OPA LOCKAState
FLZip Code
33054-4024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693739**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, ELLEN, , ,

Mailing Address 2310 SUMTER AVE S

City
ST LOUIS PARKState
MNZip Code
55426-2517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794158**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, EUGENE, , ,

Mailing Address 5496 PINNACLE VIEW WAY

City
ANTIOCHState
CAZip Code
94531-8682FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654838

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, GEORGE, A, ,

Mailing Address 3020 HOMEWILD DR

City
GREGORYState
MIZip Code
48137-9304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
S.COMOccupation (for Individual)
AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744935

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, GEORGE, A, ,

Mailing Address 3020 HOMEWILD DR

City
GREGORYState
MIZip Code
48137-9304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
S.COMOccupation (for Individual)
AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762208

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, GEORGE, A, ,

Mailing Address 3020 HOMEWILD DR

City
GREGORYState
MIZip Code
48137-9304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
S.COMOccupation (for Individual)
AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781297**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, JAMES, BRUCE, ,Mailing Address 701 KING FARM BLVD
APT 307City
ROCKVILLEState
MDZip Code
20850-6172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEAN, KINNEY & KORMAN, PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701985**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, LEDA, , ,

Mailing Address 10093 MCCARTY CREST CT

City
FAIRFAXState
VAZip Code
22030-2420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684088**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 455 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, LEONARD, S, ,

Mailing Address 1619 EUCALYPTUS RD

City
NIPOMOState
CAZip Code
93444-6682FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736340**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, MONA, , ,Mailing Address 300 OCEAN PKWY
APT 6GCity
BROOKLYNState
NYZip Code
11218-4080FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FILM EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789487**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, MONA, , ,Mailing Address 300 OCEAN PKWY
APT 6GCity
BROOKLYNState
NYZip Code
11218-4080FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FILM EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44797159**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 456 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, STEPHEN, , ,

Mailing Address 7706 KALORAMA RD

City
ANNANDALEState
VAZip Code
22003-5109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINISTRATIONOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733091

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, STEPHEN, , ,

Mailing Address 7706 KALORAMA RD

City
ANNANDALEState
VAZip Code
22003-5109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINISTRATIONOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755310

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, STEPHEN, , ,

Mailing Address 7706 KALORAMA RD

City
ANNANDALEState
VAZip Code
22003-5109FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINISTRATIONOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784485

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

244.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, STUART, , ,

Mailing Address 2546 S ARLINGTON MILL DR
APT ACity
ARLINGTONState
VAZip Code
22206-4049FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798101

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, THOMAS, , ,

Mailing Address 100 S BRIDGE LN
UNIT 319CCity
WATERSOUNDState
FLZip Code
32461-8549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682511

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVIS, VIRGIL, W., ,

Mailing Address 319 WORTHINGTON SQ

City
PORTSMOUTHState
VAZip Code
23704-2465FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703513

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVIS, WILLIAM, C, ,

Mailing Address 300 NW YATES ST

City
PULLMANState
WAZip Code
99163-3535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WASHINGTON STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801516**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVISON, BRIAN, , ,

Mailing Address 819 SUNNYDALE RD

City
KNOXVILLEState
TNZip Code
37923-2226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UT BATTLEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747203**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAVISON, PAMELA, M., ,

Mailing Address 6133 LAWTON AVE

City
OAKLANDState
CAZip Code
94618-1860FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682513**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

244.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 459 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAVISON, PAMELA, M., ,

Mailing Address 6133 LAWTON AVE

City
OAKLANDState
CAZip Code
94618-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727179

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVISON, PAMELA, M., ,

Mailing Address 6133 LAWTON AVE

City
OAKLANDState
CAZip Code
94618-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790378

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAWSON, JENNIFER, R., ,

Mailing Address 1601 E MILLCREEK WAY

City
SALT LAKE CTYState
UTZip Code
84106-3231FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44747196

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAY, MICHELE, , ,

Mailing Address 11843 NEWBRIDGE WAY

City
DUBLINState
CAZip Code
94568-2354FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44710086**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAY, PAMELA, L., ,

Mailing Address 15170 THAYER RD

City
OREGON CITYState
ORZip Code
97045-9377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44781160**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DAY, PAMELA, L., ,

Mailing Address 15170 THAYER RD

City
OREGON CITYState
ORZip Code
97045-9377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789867**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DAY, PAMELA, L., ,

Mailing Address 15170 THAYER RD

City
OREGON CITYState
ORZip Code
97045-9377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794655

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAY, PAMELA, L., ,

Mailing Address 15170 THAYER RD

City
OREGON CITYState
ORZip Code
97045-9377FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797329

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DE HART, JANE, S., ,

Mailing Address 194 CORONADA CIR

City
SANTA BARBARAState
CAZip Code
93108-1825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654915

Amount of Each Receipt this Period

180.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

209.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DE HART, JANE, S., ,

Mailing Address 194 CORONADA CIR

City
SANTA BARBARAState
CAZip Code
93108-1825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683819

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DE HART, JANE, S., ,

Mailing Address 194 CORONADA CIR

City
SANTA BARBARAState
CAZip Code
93108-1825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748885

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DE HASETH, LESLIE, , ,

Mailing Address 165 SUNNY BROOK DR

City
ATHENSState
GAZip Code
30605-3347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710093

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEAN, W, CLARK, ,

Mailing Address 48 NORTHGATE

City
SIMSBURYState
CTZip Code
06070-1033FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724614

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEARING, COLEEN, , ,

Mailing Address 3928 FAIRLY RD

City
SANTA FEState
NMZip Code
87507-3467FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BARKER REALTY, LLCOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44807070

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEBELL, MARGARET, , ,

Mailing Address 1702 19TH ST NW

City
WASHINGTONState
DCZip Code
20009-1606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689540

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DECOSSE, SHEILA, F., ,Mailing Address 425 E 86TH ST
APT 12DCity
NEW YORKState
NYZip Code
10028-6493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686868**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DECOSTA, BENJAMIN, , ,

Mailing Address 1343 CASCADE FALLS CT SW

City
ATLANTAState
GAZip Code
30311-3674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DECOSTA CONSULTING LLCOccupation (for Individual)
AVIATION CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44642441**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DECOSTA, BENJAMIN, , ,

Mailing Address 1343 CASCADE FALLS CT SW

City
ATLANTAState
GAZip Code
30311-3674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DECOSTA CONSULTING LLCOccupation (for Individual)
AVIATION CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678439**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEFAUW, RUSSELL, , ,

Mailing Address 21565 HAMBURG AVE

City
LAKEVILLEState
MNZip Code
55044-8473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PERFORMANCE OFFICE PAPERSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722706

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEFRIESE, GORDON, , ,

Mailing Address 12104 INGLEHURST DR

City
RALEIGHState
NCZip Code
27613-5528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744915

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEHAAS, CAROL, , ,

Mailing Address 868 ESSENCE AVE

City
OCEANSIDEState
CAZip Code
92057-6244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724471

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEIKE, RONALD, , ,

Mailing Address 792 26TH ST NE

City
ROCHESTERState
MNZip Code
55906-8355FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784715**

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEL VALLE, GLENN, , ,

Mailing Address 8519 LA MADRINA DR

City
ROSEMEADState
CAZip Code
91770-4301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44737741**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEL VALLE, GLENN, , ,

Mailing Address 8519 LA MADRINA DR

City
ROSEMEADState
CAZip Code
91770-4301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

244.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741381**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEL VECCHIO, JEAN, , ,

Mailing Address 15515 KILLARNEY ST

City
HOWARD BEACHState
NYZip Code
11414-2856FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689549**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEL VECCHIO, JEAN, , ,

Mailing Address 15515 KILLARNEY ST

City
HOWARD BEACHState
NYZip Code
11414-2856FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798274**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELANEY, VERONICA, , ,

Mailing Address 1004 WARBURTON AVE

City
YONKERSState
NYZip Code
10701-1212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MT. SINAIOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44780854**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELAP, LINDA, W., ,

Mailing Address 46 SUN VALLEY WAY

City
MORRIS PLAINSState
NJZip Code
07950-1915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MEDICAL WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743669**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELAUNAY, THEODORE, , ,

Mailing Address 2702 WHISPERING HLS

City
CHESTERState
NYZip Code
10918-1539FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763703**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELGASS, ELIZABETH, , ,

Mailing Address 1800 HAPPY HOLLOW RD

City
WEST LAFAYETTEState
INZip Code
47906-2143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753618**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELPRETE, THOMAS, , ,

Mailing Address 8 TRIANGLE LN

City
CALVERTONState
NYZip Code
11933-1302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760646**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENBY, LYNNE, M., ,

Mailing Address 6290 BELMONT TRAIL CT

City
SAN DIEGOState
CAZip Code
92130-6819FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772154**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENEFFE, JOAN, E., ,

Mailing Address 101 ENGLISH DR

City
SANTA CRUZState
CAZip Code
95065-1443FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635402**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DENEFFE, JOAN, E, ,

Mailing Address 101 ENGLISH DR

City
SANTA CRUZState
CAZip Code
95065-1443FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44771034

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENKENSOHN, SHAUNA, , ,

Mailing Address 1025 5TH AVE

City
NEW YORKState
NYZip Code
10028-0134FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743555

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENMARK, ROBERT, , ,

Mailing Address 4200 ARLINGTON BLVD

City
ARLINGTONState
VAZip Code
22204-1300FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOOZ ALLENOccupation (for Individual)
IT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752035

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 471 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DENNING, THEODORE, , ,

Mailing Address 342 EVELYN RD

City
RIVERSIDEState
ILZip Code
60546-1736FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790482**

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENNIS, CARL, , ,

Mailing Address 49 ASHLAND AVE

City
BUFFALOState
NYZip Code
14222-2101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760659**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENNIS, JEFFREY, , ,

Mailing Address 1370 SHAGBARK DR

City
DES PLAINESState
ILZip Code
60018-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798582**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DENNISTON, ELLIOTT, , ,

Mailing Address 10940 COUNTY ROAD 207

City
WEBB CITYState
MOZip Code
64870-8107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661698

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENNISTON, ELLIOTT, , ,

Mailing Address 10940 COUNTY ROAD 207

City
WEBB CITYState
MOZip Code
64870-8107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770938

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635408

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661699

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696850

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

877.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710195

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

277.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1102.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742914

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENONCOURT, PHILIP, , ,

Mailing Address 2145 NINA ST

City
HAYWARDState
CAZip Code
94541-6914FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768467

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENTLER, JOHN, , ,

Mailing Address 8920 FRANKLIN AVE

City
GIG HARBORState
WAZip Code
98332-1012FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678456

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEOLLOS, IONE, , ,

Mailing Address 5021 TRANQUIL STREAM CT

City
LAS VEGASState
NVZip Code
89148-1601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689564

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEOLLOS, IONE, , ,

Mailing Address 5021 TRANQUIL STREAM CT

City
LAS VEGASState
NVZip Code
89148-1601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785983

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEOLLOS, IONE, , ,

Mailing Address 5021 TRANQUIL STREAM CT

City
LAS VEGASState
NVZip Code
89148-1601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788637

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DERRENBACHER, WILLIAM, , ,

Mailing Address 2370 KNOB HILL DR

City
RIVERSIDEState
CAZip Code
92506-3439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ESRIOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669475

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DERRENBACHER, WILLIAM, , ,

Mailing Address 2370 KNOB HILL DR

City
RIVERSIDEState
CAZip Code
92506-3439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ESRIOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791300

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DERVAN, ANDREW, , ,

Mailing Address 306 FISHER RD

City
GROSSE POINTE FARMSState
MIZip Code
48230-1202FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722911

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DESCH, GERALD, P, ,

Mailing Address 7250 FREDERICK PIKE

City
DAYTONState
OHZip Code
45414-1906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669479

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESCH, GERALD, P, ,

Mailing Address 7250 FREDERICK PIKE

City
DAYTONState
OHZip Code
45414-1906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.50

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710218

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DESCH, GERALD, P, ,

Mailing Address 7250 FREDERICK PIKE

City
DAYTONState
OHZip Code
45414-1906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1187.50

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754886

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

312.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DESHA, DAVID, , ,

Mailing Address 801 LINCOLN DR

City
SHREVEPORTState
LAZip Code
71107-3115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LSUHSC SHREVEPORTOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744484**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESIDERIO, DENISE, , ,

Mailing Address 1800 MOUNT VERNON AVE

City
ALEXANDRIAState
VAZip Code
22301-1759FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKINOccupation (for Individual)
SR. POLICY ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44735575**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DESJARDINS, LILIANE, , ,

Mailing Address 115 GOLF CREST CV

City
LAKEWAYState
TXZip Code
78734-4630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTER FOR HEART-MIND COHERENCEOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710219**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 479 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DESJARDINS, LILIANE, , ,

Mailing Address 115 GOLF CREST CV

City
LAKEWAYState
TXZip Code
78734-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTER FOR HEART-MIND COHERENCEOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782882

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DESJARDINS, LILIANE, , ,

Mailing Address 115 GOLF CREST CV

City
LAKEWAYState
TXZip Code
78734-4630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTER FOR HEART-MIND COHERENCEOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801176

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DETWEILER, SUZANNE, E., ,Mailing Address 325 E CHURCH AVE
APT 224City
TELFORDState
PAZip Code
18969-1761FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729519

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

280.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 480 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEVANNEY, CATHERINE, , ,Mailing Address 105 4TH AVE NE
UNIT 628City
ST PETERSBURGState
FLZip Code
33701-3438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682552**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEVEREUX, MONICA, , ,Mailing Address 8383 WILSHIRE BLVD
STE 500City
BEVERLY HILLSState
CAZip Code
90211-2408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732421**

Amount of Each Receipt this Period

113.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEVEREUX, MONICA, , ,Mailing Address 8383 WILSHIRE BLVD
STE 500City
BEVERLY HILLSState
CAZip Code
90211-2408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796112**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

463.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEVEREUX, MONICA, , ,Mailing Address 8383 WILSHIRE BLVD
STE 500City
BEVERLY HILLSState
CAZip Code
90211-2408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798390

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEVIR, JOHN, , ,Mailing Address 86 MADISON ST
APT 101City
PARK RIDGEState
NJZip Code
07656-1383FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703549

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEWITT, KATHLEEN, , ,

Mailing Address 5107 WILLIAMSON ON THE LK

City
WILLIAMSONState
NYZip Code
14589-9758FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DYNALAB CORPOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678469

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEWITT, KATHLEEN, , ,

Mailing Address 5107 WILLIAMSON ON THE LK

City
WILLIAMSONState
NYZip Code
14589-9758FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DYNALAB CORPOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44696874**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEWITT, KATHLEEN, , ,

Mailing Address 5107 WILLIAMSON ON THE LK

City
WILLIAMSONState
NYZip Code
14589-9758FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DYNALAB CORPOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44735999**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEWITT, THOMAS, , ,

Mailing Address 2907 CORBIN PARK CT

City
CINCINNATIState
OHZip Code
45226-1172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CINCINNATI CHILDRENSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661716**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEWITT, THOMAS, , ,

Mailing Address 2907 CORBIN PARK CT

City
CINCINNATIState
OHZip Code
45226-1172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CINCINNATI CHILDRENSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682555

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEWITT, THOMAS, , ,

Mailing Address 2907 CORBIN PARK CT

City
CINCINNATIState
OHZip Code
45226-1172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CINCINNATI CHILDRENSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727225

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEXTER, JILL, , ,

Mailing Address 901 VIA ROSITA

City
SANTA BARBARAState
CAZip Code
93110-2117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742040

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DI SABATINO, CHARLES, , ,

Mailing Address 5 BROOKSIDE DR

City
HAMDENState
CTZip Code
06517-1409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW HAVEN RHEUMATOLOGYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44757444

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAMOND, ELIN, , ,

Mailing Address 347 VALENTINE ST

City
HIGHLAND PARKState
NJZip Code
08904-2553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654187

Amount of Each Receipt this Period

56.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, ELIN, , ,

Mailing Address 347 VALENTINE ST

City
HIGHLAND PARKState
NJZip Code
08904-2553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

242.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669507

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

796.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAMOND, ELIN, , ,

Mailing Address 347 VALENTINE ST

City
HIGHLAND PARKState
NJZip Code
08904-2553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703554**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAMOND, KATHERINE, , ,Mailing Address 417 S HILL ST
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661717**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, KATHERINE, , ,Mailing Address 417 S HILL ST
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661718**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 486 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAMOND, KATHERINE, , ,

Mailing Address 417 S HILL ST
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710259

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAMOND, KATHERINE, , ,

Mailing Address 417 S HILL ST
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703555

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, KATHERINE, , ,

Mailing Address 417 S HILL ST
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751721

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

02 / 25 / 2025**Transaction ID : 44754493**

Amount of Each Receipt this Period

35.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.00

Date of Receipt

02 / 26 / 2025**Transaction ID : 44761146**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HDR INCOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44781908**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**85.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

HDR INC

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44785946**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

HDR INC

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44788307**

Amount of Each Receipt this Period

35.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAMOND, KATHERINE, , ,Mailing Address **417 S HILL ST**
APT 942City
LOS ANGELESState
CAZip Code
90013-2375FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

HDR INC

Occupation (for Individual)

ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44792176**

Amount of Each Receipt this Period

26.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**86.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669511

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44696882

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.50

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735009

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 490 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743361

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757364

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIAZ, ANDREW, , ,

Mailing Address 2525 18TH ST

City
BAKERSFIELDState
CAZip Code
93301-3408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

272.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790141

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 491 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIBIAGIO, DOREEN, , ,

Mailing Address 724 ALLENDALE CT N

City
SAINT PETERSBURGState
FLZip Code
33704-1207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696883**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DICK, GEORGE, , ,

Mailing Address 6959 NE BERGMAN RD

City
BAINBRIDGE ISLANDState
WAZip Code
98110-1286FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635443**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKER, CAMERON, , ,Mailing Address 1418 W ST NW
APT 304City
WASHINGTONState
DCZip Code
20009-5818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FS-ISACOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669517**

Amount of Each Receipt this Period

1500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DICKERSON, EDWARD, L, ,Mailing Address 1001 FRANKLIN ST
APT 5BCity
SAN FRANCISCOState
CAZip Code
94109-6809FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720827**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DICKERSON, JOYCE, , ,

Mailing Address 1403 NW WEATHERSTONE LN

City
BLUE SPRINGSState
MOZip Code
64015-6430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747771**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKEY, DANIEL, , ,

Mailing Address 43490 SAINT JOHNS RD

City
HOLLYWOODState
MDZip Code
20636-3227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686707**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DICKSON, CASSANDRA, , ,

Mailing Address 1925 SE 52ND AVE

City
PORTLANDState
ORZip Code
97215-3323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661725**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DICKSON, CASSANDRA, , ,

Mailing Address 1925 SE 52ND AVE

City
PORTLANDState
ORZip Code
97215-3323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736779**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKSON, CASSANDRA, , ,

Mailing Address 1925 SE 52ND AVE

City
PORTLANDState
ORZip Code
97215-3323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44761906**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DICKSON, JOEL, , ,

Mailing Address 263 PATRIOT LN

City
FREEDOMState
PAZip Code
15042-2675FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677716**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DICKSON, JOEL, , ,

Mailing Address 263 PATRIOT LN

City
FREEDOMState
PAZip Code
15042-2675FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710280**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKSON, KATHARINE, B., ,

Mailing Address 85 S BIRCH ST

City
DENVERState
COZip Code
80246-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654201**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DICKSON, KATHARINE, B., ,

Mailing Address 85 S BIRCH ST

City
DENVERState
COZip Code
80246-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654204**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DICKSON, KATHARINE, B., ,

Mailing Address 85 S BIRCH ST

City
DENVERState
COZip Code
80246-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678472**

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DICKSON, KATHARINE, B., ,

Mailing Address 85 S BIRCH ST

City
DENVERState
COZip Code
80246-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801170**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

178.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIEHR, GEORGE, , ,

Mailing Address 12707 MONTEREY CYPRESS WAY

City
SAN DIEGOState
CAZip Code
92130-2426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44760397

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETRICH, GLEN, , ,

Mailing Address 9422 NE 89TH ST

City
KANSAS CITYState
MOZip Code
64157-8661FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654209

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETRICH, GLEN, , ,

Mailing Address 9422 NE 89TH ST

City
KANSAS CITYState
MOZip Code
64157-8661FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.50

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44696887

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

612.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, BILL, , ,

Mailing Address 214 11TH ST NE

City
WASHINGTONState
DCZip Code
20002-6218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEORGE WASHINGTON UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2025**Transaction ID : 44707420**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, ROBERT, , ,

Mailing Address 833 MAPLE ST

City
SANTA MONICAState
CAZip Code
90405-3909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44710297**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

424.50

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44635451**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 498 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635452

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635453

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

527.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654210

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 499 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654211**

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661728**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

572.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669528**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 500 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669530

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710296

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727235

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762638**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

759.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44796321**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIETZ, SUSAN, , ,

Mailing Address 3905 VENTURA CANYON AVE

City
SHERMAN OAKSState
CAZip Code
91423-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

759.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44797277**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIMONA, JOSEPH, , ,

Mailing Address 9 RIVERVIEW PL

City
HASTINGS ON HUDSONState
NYZip Code
10706-1006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BMIOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766870**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DINES, LYNN, , ,

Mailing Address 6441 SAN ONOFRE DR

City
CAMARILLOState
CAZip Code
93012-8268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SSIOccupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654222**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DINES, LYNN, , ,

Mailing Address 6441 SAN ONOFRE DR

City
CAMARILLOState
CAZip Code
93012-8268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SSIOccupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740109**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DINKLAGE, JOHN, , ,

Mailing Address 16 MAYFAIR ST

City
SOUTH BURLINGTONState
VTZip Code
05403-6612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44765205

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DISCIULLO, LAURA, , ,

Mailing Address 7050 EASTERN AVE NW

City
WASHINGTONState
DCZip Code
20012-2071FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN RED CROSSOccupation (for Individual)
PARALEGAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678480

Amount of Each Receipt this Period

218.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710327

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

333.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710328**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755085**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763722**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767079

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783510

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786627

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 506 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796283

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797692

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIVEN, ANN, , ,

Mailing Address 15701 TIERRA DR

City
SILVER SPRINGState
MDZip Code
20906-1273FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801172

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DIVEN-STELLUTI, MARIE, , ,

Mailing Address 22 FIELD CT

City
MILFORDState
CTZip Code
06460-7320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749133

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIXON, CRIST, , ,Mailing Address 2171 34TH AVE
APT 15CCity
LONG ISLAND CITYState
NYZip Code
11106-4343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723984

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DLOTT, MARIA, , ,

Mailing Address 2714 PRAIRIE MEADOW DR

City
CHAMPAIGNState
ILZip Code
61822-7613FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661743

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOBBINS, JAMES, , ,

Mailing Address 3711 S BEATRICE CT

City
INDEPENDENCEState
MOZip Code
64055-3812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733729**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOBOSENSKI, PATRICIA, , ,Mailing Address 790 LETICA DR
APT 618City
ROCHESTERState
MIZip Code
48307-1593FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693844**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DODD, JAMES, A., ,Mailing Address 252 W 85TH ST
APT 9BCity
NEW YORKState
NYZip Code
10024-3256FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796857**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOESCHER, BILL, , ,

Mailing Address 7 DEERFOOT LN

City
YONKERSState
NYZip Code
10710-2325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772222

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736428

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739542

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1037.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768101

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770038

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

773.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770629

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOHERTY, DONNA, , ,

Mailing Address 24 FOREST ST

City
BRANFORDState
CTZip Code
06405-6213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784655

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOLAN, LAWRENCE, , ,

Mailing Address N1713 HAGEN RD

City
LA CROSSEState
WIZip Code
54601-8413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669579

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOLVEN, EVELYN, , ,Mailing Address 601 SOLANA WAY
APT 3010City
MT PLEASANTState
SCZip Code
29464-8182FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646198

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOMALEWSKI, LYNN, , ,

Mailing Address 9 CAUFIELD CT

City
FREEHOLDState
NJZip Code
07728-9248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666185**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DONAGHUE, MAUREEN, , ,Mailing Address 400 ROBINSON RD
APT ACity
SEBASTOPOLState
CAZip Code
95472-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FQHCOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669590**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DONAGHUE, MAUREEN, , ,Mailing Address 400 ROBINSON RD
APT ACity
SEBASTOPOLState
CAZip Code
95472-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FQHCOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710366**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DONAGHUE, MAUREEN, , ,Mailing Address 400 ROBINSON RD
APT ACity
SEBASTOPOLState
CAZip Code
95472-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FQHCOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710367

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DONAGHUE, MAUREEN, , ,Mailing Address 400 ROBINSON RD
APT ACity
SEBASTOPOLState
CAZip Code
95472-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FQHCOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739392

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DONAGHUE, MAUREEN, , ,Mailing Address 400 ROBINSON RD
APT ACity
SEBASTOPOLState
CAZip Code
95472-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FQHCOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794462

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DONG, JANICE, , ,

Mailing Address 104 VALLECITOS WAY

City
LOS GATOSState
CAZip Code
95032-1635FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722898**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DONNELLY, MONICA, , ,

Mailing Address 238 WASHINGTON BLVD

City
HOLLANDState
MIZip Code
49423-3127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703585**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DONOVAN, DAN, , ,

Mailing Address 6509 MALCOLM DR

City
DALLASState
TXZip Code
75214-3106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEARY PORTER AND DONOVANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635495**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DORAN, JENNIFER, , ,

Mailing Address 1976 LUPINE RD

City
HERCULESState
CAZip Code
94547-1223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661765**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DORN, EDWIN, , ,

Mailing Address 4216 SCALES ST

City
AUSTINState
TXZip Code
78723-5395FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UT-AUSTINOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731588**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DORR, CLIFFORD, J, ,

Mailing Address 441 EUREKA DR

City
HAILEYState
IDZip Code
83333-8518FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720866**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DORSCHNER, REBECCA, , ,

Mailing Address 2211 SOMERSET CT

City
LONGMONTState
COZip Code
80503-4109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748680**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DORTORT, FRED, , ,

Mailing Address 678 WOODMONT AVE

City
BERKELEYState
CAZip Code
94708-1234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747733**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOTEN, GREGORY, , ,

Mailing Address 3353 A SIMMONS MILL CT SW

City
TUMWATERState
WAZip Code
98512-7811FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783167**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOUCE, LOUISE, , ,

Mailing Address 4707 BLUE CHURCH RD

City
SUNBURYState
OHZip Code
43074-9519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44696953**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOUCETTE, DEBRA, L, ,

Mailing Address 334 JACKSON ST

City
SUNNYVALEState
CAZip Code
94085-4327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OPERATIONS RESOURCE GROUPOccupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727273**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOUGHTY, BARBARA, , ,

Mailing Address 1807 BEE CREEK DR

City
COLLEGE STATIONState
TXZip Code
77840-4966FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739690**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOUGHTY, BARBARA, , ,

Mailing Address 1807 BEE CREEK DR

City
COLLEGE STATIONState
TXZip Code
77840-4966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800624

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOUGHTY, BARBARA, , ,

Mailing Address 1807 BEE CREEK DR

City
COLLEGE STATIONState
TXZip Code
77840-4966FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801004

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOWNEY, NANCY, A., ,

Mailing Address 43 W 61ST ST
APT 26VCity
NEW YORKState
NYZip Code
10023-7618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44753763

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOWNEY, ROBERT, , ,Mailing Address 43 W 61ST ST
APT 26VCity
NEW YORKState
NYZip Code
10023-7618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753762**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOWNING, HUNT, , ,

Mailing Address 11286 FOSTER RD

City
ROSSMOORState
CAZip Code
90720-2922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727275**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DOYLE, ELLEN, , ,Mailing Address 154 N BELLEFIELD AVE
APT 96City
PITTSBURGHState
PAZip Code
15213-2691FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STEMBER FEINSTEIN DOYLE PAYNE & KRAVECOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669631**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOYLE, MARLENE, , ,

Mailing Address 174 KETTLE CRK

City
BEAUMONTState
CAZip Code
92223-7313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748459

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRACE, SUZANNE, , ,

Mailing Address PO BOX 575

City
PACIFIC GROVEState
CAZip Code
93950-0575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744423

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRACKETT, SUSAN, , ,

Mailing Address 13313 SALISHAN LN

City
MOUNT VERNONState
WAZip Code
98273-8317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44688486

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DRAKE, DANIEL, , ,

Mailing Address 369 MARION AVE

City
MILL VALLEYState
CAZip Code
94941-2687FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689642**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRAKE, WILLIAM, , ,Mailing Address 5601 SMETANA DR
UNIT 816City
MINNETONKAState
MNZip Code
55343-9199FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694153**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DREAD, CHARLES, , ,

Mailing Address 14024 GULLIVERS TRL

City
BOWIEState
MDZip Code
20720-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655339**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DREAD, CHARLES, , ,

Mailing Address 14024 GULLIVERS TRL

City
BOWIEState
MDZip Code
20720-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44696975

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DREAD, CHARLES, , ,

Mailing Address 14024 GULLIVERS TRL

City
BOWIEState
MDZip Code
20720-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743185

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DREAD, CHARLES, , ,

Mailing Address 14024 GULLIVERS TRL

City
BOWIEState
MDZip Code
20720-5302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762052

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DREMEL, VICKIE, , ,

Mailing Address 174 FERNDAL DR

City
COLLINSVILLEState
VAZip Code
24078-3029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771710**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRESSLER, DAVID, M, ,

Mailing Address 267 PAINTER HILL RD

City
ROXBURYState
CTZip Code
06783-1206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665479**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647109**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2680.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44647110**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44654281**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661784**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 525 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734783

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DRINKWATER, DAVID, , ,

Mailing Address 1229 HAYES ST

City
NAPAState
CAZip Code
94559-1710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WINGSPAN PARTNERSHIPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768826

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUARTE, JOHN, , ,

Mailing Address 8 HAROLD ST

City
PATCHOGUEState
NYZip Code
11772-2102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731389

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUARTE, RAY, , ,

Mailing Address 3770 TORINO DR

City
SANTA BARBARAState
CAZip Code
93105-4496FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669667

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUECY-GIBBS, REED, , ,

Mailing Address 1302 31ST AVE S

City
SEATTLEState
WAZip Code
98144-3956FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEXTREQUESTOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741227

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669679

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

202.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689658

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710466

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703613

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737463

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUFF, CAROL, M, ,

Mailing Address 728 W 4TH ST

City
RED WINGState
MNZip Code
55066-2414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789875

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUGGAN, DAVID, , ,

Mailing Address 10 W LAKE ST

City
SKANEATELESState
NYZip Code
13152-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY-UNIVERSITY HOSPITALOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710472

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

530.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUGGAN, DAVID, , ,

Mailing Address 10 W LAKE ST

City
SKANEATELESState
NYZip Code
13152-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY-UNIVERSITY HOSPITALOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703615**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUGGAN, DAVID, , ,

Mailing Address 10 W LAKE ST

City
SKANEATELESState
NYZip Code
13152-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY-UNIVERSITY HOSPITALOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720891**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUGGAN, DAVID, , ,

Mailing Address 10 W LAKE ST

City
SKANEATELESState
NYZip Code
13152-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY-UNIVERSITY HOSPITALOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744404**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUGGAN, DAVID, , ,

Mailing Address 10 W LAKE ST

City
SKANEATELESState
NYZip Code
13152-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY-UNIVERSITY HOSPITALOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766640**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUJARRIC, ROBERT, , ,

Mailing Address 925 PARK AVE

City
NEW YORKState
NYZip Code
10028-0210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746366**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DULL, SHARON, , ,

Mailing Address 165 POOR HOUSE RD

City
LEXINGTONState
VAZip Code
24450-3322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789058**

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUMITRACHE, NELIDA, , ,Mailing Address 8300 WYOMING BLVD NE
APT 1223City
ALBUQUERQUEState
NMZip Code
87113-2168FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PMGOccupation (for Individual)
PODIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798268**

Amount of Each Receipt this Period

212.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUMOND, JOHN, , ,

Mailing Address 768 WILLOW RIDGE CT

City
PLAINFIELDState
INZip Code
46168-7535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753369**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNBAR, JANICE, , ,

Mailing Address PO BOX 368

City
WEST YELLOWSTONEState
MTZip Code
59758-0368FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793479**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

912.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, EMMA, , ,

Mailing Address 1341 ALMA ST

City
PALO ALTOState
CAZip Code
94301-3502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANFORDOccupation (for Individual)
POSTDOCTORAL FELLOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697002**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCAN, GAIL, S., ,

Mailing Address 204 GLASGOW RD

City
CARYState
NCZip Code
27511-6518FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754995**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNCAN, KENNETH, VERNON, ,

Mailing Address 19716 TRANQUILITY CIR

City
HAGERSTOWNState
MDZip Code
21742-4049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689664**

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

762.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNCAN, STEVEN, , ,

Mailing Address 2658 LIVORNO ST

City
LIVERMOREState
CAZip Code
94550-7170FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703621

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNCANSON, ALAN, S., ,

Mailing Address 7308 EASTWICK LN

City
INDIANAPOLISState
INZip Code
46256-2384FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791897

Amount of Each Receipt this Period

420.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNKELBERGER, DORIS, , ,

Mailing Address 127 4TH AVE

City
ROEBLINGState
NJZip Code
08554-1009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686273

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

820.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNLOP, STEPHEN, R., ,

Mailing Address 5507 SHOREWOOD DR

City
INDIANAPOLIS

State
IN

Zip Code
46220-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST FRANCIS MEDICAL GROUP

Occupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

02 / **23** / **2025**

Transaction ID : 44735971

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNLOP, STEPHEN, R., ,

Mailing Address 5507 SHOREWOOD DR

City
INDIANAPOLIS

State
IN

Zip Code
46220-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST FRANCIS MEDICAL GROUP

Occupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

02 / **23** / **2025**

Transaction ID : 44742034

Amount of Each Receipt this Period

300.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNLOP, STEPHEN, R., ,

Mailing Address 5507 SHOREWOOD DR

City
INDIANAPOLIS

State
IN

Zip Code
46220-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST FRANCIS MEDICAL GROUP

Occupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

02 / **23** / **2025**

Transaction ID : 44744699

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNNE, JORDAN, , ,Mailing Address 734 S VERMONT ST
STE 2City
PALATINEState
ILZip Code
60067-6967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MARKETNET, INC.Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44807075

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNSMORE, KENT, , ,Mailing Address 330 HAVEN AVE
APT 6LCity
NEW YORKState
NYZip Code
10033-5355FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669711

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNSMORE, KENT, , ,Mailing Address 330 HAVEN AVE
APT 6LCity
NEW YORKState
NYZip Code
10033-5355FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791653

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

730.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUNSMORE, KENT, , ,Mailing Address 330 HAVEN AVE
APT 6LCity
NEW YORKState
NYZip Code
10033-5355FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797702

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNSWORTH, LESLIE, , ,

Mailing Address 8 MILAN CT

City
SACRAMENTOState
CAZip Code
95831-5130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SACRAMENTO MUNICIPAL UTILITY DISTRICTOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669712

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUNSWORTH, LESLIE, , ,

Mailing Address 8 MILAN CT

City
SACRAMENTOState
CAZip Code
95831-5130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SACRAMENTO MUNICIPAL UTILITY DISTRICTOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678535

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654332

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682627

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

565.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742827

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745057**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762339**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUPONT, JIM, , ,

Mailing Address 3226 ENCINAL AVE

City
ALAMEDAState
CAZip Code
94501-4873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITE HEREOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795633**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 539 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUPUIS, PAMELA, , ,

Mailing Address PO BOX 444

City
MONTEREYState
MAZip Code
01245-0444FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761831

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DURAND, ADELE, , ,

Mailing Address 30039 FORTUNE CIR

City
MILTONState
DEZip Code
19968-9683FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738690

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DURANT, JOAN, , ,

Mailing Address PO BOX 1326

City
EAST DENNISState
MAZip Code
02641-1326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722237

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DURHAM, SHANNON, , ,

Mailing Address 5005 IRONWOOD DR

City
SOQUELState
CAZip Code
95073-3032FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44739468

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DURKIN, THOMAS, , ,Mailing Address 6740 SPIRIT LAKE DR
UNIT 101City
INDIANAPOLISState
INZip Code
46220-7127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44739401

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DURKIN, TIMOTHY, , ,

Mailing Address 132 STONEBRIDGE LN

City
DOWNINGTOWNState
PAZip Code
19335-5507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654341

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2610.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DURKIN, TIMOTHY, , ,

Mailing Address 132 STONEBRIDGE LN

City
DOWNTOWNState
PAZip Code
19335-5507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697017

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DURKIN, TIMOTHY, , ,

Mailing Address 132 STONEBRIDGE LN

City
DOWNTOWNState
PAZip Code
19335-5507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756080

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUSMAN, DIANNE, , ,

Mailing Address 50 FARM VALLEY RD

City
WELLSVILLEState
PAZip Code
17365-9589FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COMMONWEALTH OF PENNSYLVANIAOccupation (for Individual)
CONSUMER ADVOCATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44707207

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

522.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUTTON, ROBERT, , ,Mailing Address 110 S HENRY ST
APT 1101City
MADISONState
WIZip Code
53703-3165FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689678**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DWORKIN, ROSALIND, , ,

Mailing Address 4212 PURDUE ST

City
HOUSTONState
TXZip Code
77005-1042FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694172**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DYER, GENE, , ,

Mailing Address 1933 SAN MATEO BLVD NE

City
ALBUQUERQUEState
NMZip Code
87110-5146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729411**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DYER, PATRICK, F., ,

Mailing Address 6730 PARKWAY DR

City
GLADSTONEState
ORZip Code
97027-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44722208**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EAGLE, STEVE, , ,

Mailing Address PO BOX 2041

City
AMHERSTState
MAZip Code
01004-2041FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44768604**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EARL, CAROL, , ,

Mailing Address 9785 W MORRAINE AVE

City
LITTLETONState
COZip Code
80127-3936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PLUMBING UNLIMITED INC.Occupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44682635**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EARLY, PAUL, , ,

Mailing Address 10 S ARROYO RIDGE RD

City
SANTA FEState
NMZip Code
87508-1360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667171

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EARLY, RONALD, , ,Mailing Address 6885 N OCEAN BLVD
APT 303City
OCEAN RIDGEState
FLZip Code
33435-3341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44635600

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EAST, CARA, , ,

Mailing Address 4925 ABBOTT AVE

City
DALLASState
TXZip Code
75205-3210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654363

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EAST, CARA, , ,

Mailing Address 4920 ABBOTT AVE

City
DALLASState
TXZip Code
75205-3210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44669748

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EAST, CARA, , ,

Mailing Address 4920 ABBOTT AVE

City
DALLASState
TXZip Code
75205-3210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44689689

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EAST, CARA, , ,

Mailing Address 4920 ABBOTT AVE

City
DALLASState
TXZip Code
75205-3210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720911

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EATON, NANCY, , ,Mailing Address 500 E MARYLYN AVE
APT I135City
STATE COLLEGEState
PAZip Code
16801-6278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682640**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EATON, NANCY, , ,Mailing Address 500 E MARYLYN AVE
APT I135City
STATE COLLEGEState
PAZip Code
16801-6278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733835**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EATON, NANCY, , ,Mailing Address 500 E MARYLYN AVE
APT I135City
STATE COLLEGEState
PAZip Code
16801-6278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

787.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783289**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EBANKS, BRUCE, R., ,

Mailing Address 1130 ROSTREVOR CIR

City
LOUISVILLEState
KYZip Code
40205-1742FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765526**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EBER, LAUDRA, B., ,

Mailing Address 251 AUMOE RD

City
KAILUAState
HIZip Code
96734-3445FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMPLOYEE BENEFIT CONSULTINGOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772200**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EBERT, CHAZ, , ,Mailing Address 1341 W FULLERTON AVE
STE 143City
CHICAGOState
ILZip Code
60614-2362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642522**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EBERT, CHAZ, , ,Mailing Address 1341 W FULLERTON AVE
STE 143City
CHICAGOState
ILZip Code
60614-2362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647140

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EBERT, CHAZ, , ,Mailing Address 1341 W FULLERTON AVE
STE 143City
CHICAGOState
ILZip Code
60614-2362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44654373

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EBERT, CHAZ, , ,Mailing Address 1341 W FULLERTON AVE
STE 143City
CHICAGOState
ILZip Code
60614-2362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44682643

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 549 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EBERT, CHAZ, , ,Mailing Address 1341 W FULLERTON AVE
STE 143City
CHICAGOState
ILZip Code
60614-2362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768121**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDELMAN, DAVID, L., ,

Mailing Address 2000 NE EDGEWATER DR

City
PORTLANDState
ORZip Code
97211-1686FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771527**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDELMAYER, JOSEPH, , ,

Mailing Address 14330 SARASOTA

City
REDFORDState
MIZip Code
48239-3325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732060**

Amount of Each Receipt this Period

225.25

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

575.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDFELDT, RALPH, , ,

Mailing Address 12706 ISSAQUAH HOBART RD SE

City
ISSAQUAHState
WAZip Code
98027-5408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796629

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDGERTON, JAY, , ,

Mailing Address 9661 HARRIET LN

City
ANAHEIMState
CAZip Code
92804-5627FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
XEROXOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697046

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDINGER, EDWARD, P., ,

Mailing Address 291 PARK AVE

City
MEADVILLEState
PAZip Code
16335-1262FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759697

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 551 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, DEBORAH, M., ,

Mailing Address 10717 SW 104TH ST

City
MIAMIState
FLZip Code
33176-8162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDWARDS & ASSOCIATES P.A.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780915

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, DEBORAH, M., ,

Mailing Address 10717 SW 104TH ST

City
MIAMIState
FLZip Code
33176-8162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDWARDS & ASSOCIATES P.A.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790648

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, DEBORAH, M., ,

Mailing Address 10717 SW 104TH ST

City
MIAMIState
FLZip Code
33176-8162FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDWARDS & ASSOCIATES P.A.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796384

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EDWARDS, MARY ANNE, , ,

Mailing Address 1 HANCOCK PL

City
WALLINGFORDState
PAZip Code
19086FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781373**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EDWARDS, MARYJANE, , ,

Mailing Address 5734 ARBORETUM DR

City
LOS ALTOSState
CAZip Code
94024-7120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747195**

Amount of Each Receipt this Period

425.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDWARDS, S, ALBERT, ,

Mailing Address 853 PEMBRIDGE DR

City
LAKE FORESTState
ILZip Code
60045-4202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654634**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

845.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EFFINGER, RAYMOND, , ,

Mailing Address 1362 ESPERANZA TRL

City
PALM SPRINGSState
CAZip Code
92262-9772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635639

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EFFINGER, RAYMOND, , ,

Mailing Address 1362 ESPERANZA TRL

City
PALM SPRINGSState
CAZip Code
92262-9772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669796

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EFFINGER, RAYMOND, , ,

Mailing Address 1362 ESPERANZA TRL

City
PALM SPRINGSState
CAZip Code
92262-9772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669797

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EFFINGER, RAYMOND, , ,

Mailing Address 1362 ESPERANZA TRL

City
PALM SPRINGSState
CAZip Code
92262-9772FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689715**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EFFINGER, RAYMOND, , ,

Mailing Address 1362 ESPERANZA TRL

City
PALM SPRINGSState
CAZip Code
92262-9772FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733702**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2634.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635640**

Amount of Each Receipt this Period

509.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

564.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 555 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3259.00

Date of Receipt

02 / **10** / **2025****Transaction ID : 44681726**

Amount of Each Receipt this Period

625.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4259.00

Date of Receipt

02 / **13** / **2025****Transaction ID : 44697066**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5259.00

Date of Receipt

02 / **23** / **2025****Transaction ID : 44742478**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 556 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744430

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EGER, JANE, J, ,

Mailing Address 14 CRAVEN LN

City
WHITE PLAINSState
NYZip Code
10605-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5759.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765947

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EGGERS, FRANK, , ,

Mailing Address 2375 E JOYCE DR

City
PALM SPRINGSState
CAZip Code
92262-2462FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

763.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771311

Amount of Each Receipt this Period

763.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1763.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EHRENKRANZ, ANDRA, , ,

Mailing Address 145 E 76TH ST

City
NEW YORKState
NYZip Code
10021-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795603

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EHRLICH, ANNE, , ,

Mailing Address 620 SAND HILL RD

City
PALO ALTOState
CAZip Code
94304-2002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666098

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EHRLICH, ANNE, , ,

Mailing Address 620 SAND HILL RD

City
PALO ALTOState
CAZip Code
94304-2002FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723780

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EIBEN, DONNA, , ,

Mailing Address 34145 PACIFIC COAST HWY

City
DANA POINTState
CAZip Code
92629-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710606

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EIBEN, DONNA, , ,

Mailing Address 34145 PACIFIC COAST HWY

City
DANA POINTState
CAZip Code
92629-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703662

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EIBEN, DONNA, , ,

Mailing Address 34145 PACIFIC COAST HWY

City
DANA POINTState
CAZip Code
92629-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44720924

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EIBEN, DONNA, , ,

Mailing Address 34145 PACIFIC COAST HWY

City
DANA POINTState
CAZip Code
92629-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788650

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EIBEN, DONNA, , ,

Mailing Address 34145 PACIFIC COAST HWY

City
DANA POINTState
CAZip Code
92629-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796215

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EILAND, MARILYN, , ,

Mailing Address 110 BAY COLONY DR

City
LA PORTEState
TXZip Code
77571-7306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669808

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

276.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EILAND, MARILYN, , ,

Mailing Address 110 BAY COLONY DR

City
LA PORTEState
TXZip Code
77571-7306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697076**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EKLUND, SUSAN, , ,

Mailing Address 1609 BROOKLYN AVE

City
ANN ARBORState
MIZip Code
48104-4420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710619**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EKLUND, SUSAN, , ,

Mailing Address 1609 BROOKLYN AVE

City
ANN ARBORState
MIZip Code
48104-4420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734338**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELAM, ALBERT, , ,Mailing Address 1453 CHESTNUT AVE
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678568

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELAM, ALBERT, , ,Mailing Address 1453 CHESTNUT AVE
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678570

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELAM, ALBERT, , ,Mailing Address 1453 CHESTNUT AVE
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678572

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELAM, ALBERT, , ,Mailing Address **1453 CHESTNUT AVE**
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

02 / 12 / 2025**Transaction ID : 44689738**

Amount of Each Receipt this Period

20.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELAM, ALBERT, , ,Mailing Address **1453 CHESTNUT AVE**
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

02 / 12 / 2025**Transaction ID : 44689739**

Amount of Each Receipt this Period

5.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELAM, ALBERT, , ,Mailing Address **1453 CHESTNUT AVE**
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

02 / 16 / 2025**Transaction ID : 44710624**

Amount of Each Receipt this Period

20.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**45.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELAM, ALBERT, , ,Mailing Address 1453 CHESTNUT AVE
APT DCity
LONG BEACHState
CAZip Code
90813-6145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727333

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELDRIDGE, BARBARA, , ,

Mailing Address 18247 WICKHAM RD

City
OLNEYState
MDZip Code
20832-3104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PCCOccupation (for Individual)
HEALTH ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669829

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELIAS, LAURENCE, , ,

Mailing Address 41 ALVARADO RD

City
BERKELEYState
CAZip Code
94705-1508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654418

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

655.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELIAS, LAURENCE, , ,

Mailing Address 41 ALVARADO RD

City
BERKELEYState
CAZip Code
94705-1508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749552

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELIAS, LAURENCE, , ,

Mailing Address 41 ALVARADO RD

City
BERKELEYState
CAZip Code
94705-1508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750753

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELIET, DAVID, , ,

Mailing Address 13 LOCUST ST

City
READINGState
MAZip Code
01867-2153FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710635

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELIET, DAVID, , ,

Mailing Address 13 LOCUST ST

City
READINGState
MAZip Code
01867-2153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

887.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732954**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELIET, DAVID, , ,

Mailing Address 13 LOCUST ST

City
READINGState
MAZip Code
01867-2153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1074.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767470**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELISBURG, ANDY, , ,Mailing Address 335 S BISCAYNE BLVD
UNITLPH05City
MIAMIState
FLZip Code
33131-2360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MIAMI HEATOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755270**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

874.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELISBURG, ANDY, , ,Mailing Address 335 S BISCAYNE BLVD
UNITLPH05City
MIAMIState
FLZip Code
33131-2360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MIAMI HEATOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797214

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELKY, JUNGHE, , ,

Mailing Address 11716 TERI LYNN DR

City
FULTONState
MDZip Code
20759-2300FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOCIAL SECURITY ADMINISTRATIONOccupation (for Individual)
PROCUREMENT ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669837

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELLINGER, NANCY, , ,

Mailing Address 1635 VIRGINIA ST

City
BERKELEYState
CAZip Code
94703-1233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642550

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELLINGER, NANCY, , ,

Mailing Address 1635 VIRGINIA ST

City
BERKELEYState
CAZip Code
94703-1233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654424

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLINGER, NANCY, , ,

Mailing Address 1635 VIRGINIA ST

City
BERKELEYState
CAZip Code
94703-1233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654425

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELLINGER, NANCY, , ,

Mailing Address 1635 VIRGINIA ST

City
BERKELEYState
CAZip Code
94703-1233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669844

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

114.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELLINGER, NANCY, , ,

Mailing Address 1635 VIRGINIA ST

City
BERKELEYState
CAZip Code
94703-1233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800213**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLIOTT, DONALD, , ,

Mailing Address 734 N HUMBOLDT ST

City
DENVERState
COZip Code
80218-3512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CLARION ASSOCIATEOccupation (for Individual)
URBAN PLANNING CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757013**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELLIOTT, SHARON, LEE, ,Mailing Address 555 BRUSH ST
APT 2210City
DETROITState
MIZip Code
48226-4367FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702531**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELLIOTTE, KENNETH, DAVID, ,

Mailing Address 1609 REED MARSH PL

City
GOOCHLANDState
VAZip Code
23063-2532FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44760595

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELLIS, GUY, , ,

Mailing Address 751 COTTAGE GROVE LN

City
LEXINGTONState
KYZip Code
40502-2703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793276

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELMENDORF, STEVEN, , ,Mailing Address 1201 NEW YORK AVE NW
STE 900City
WASHINGTONState
DCZip Code
20005-6100FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVOQOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641771

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELMER-DEWITT, PHILIP, , ,

Mailing Address 28 CHESTNUT HL

City
GREENFIELDState
MAZip Code
01301-3004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BLOGGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678579**

Amount of Each Receipt this Period

210.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELSER, TIMOTHY, , ,

Mailing Address 2710 FILBERT ST

City
SAN FRANCISCOState
CAZip Code
94123-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLYROccupation (for Individual)
DATA SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44661863**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELSER, TIMOTHY, , ,

Mailing Address 2710 FILBERT ST

City
SAN FRANCISCOState
CAZip Code
94123-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLYROccupation (for Individual)
DATA SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710668**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

385.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELSHAMI, NADEAM, , ,

Mailing Address 2010 OLD STAGE RD

City
ALEXANDRIAState
VAZip Code
22308-2236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECKOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44667136**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ELY, CLAUSEN, M., ,

Mailing Address 9204 FALLS BRIDGE LN

City
POTOMACState
MDZip Code
20854-3948FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COVINGTON & BURLINGOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734053**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ELZA, LESLIE, , ,

Mailing Address 110 CHRISTOW CT

City
CARYState
NCZip Code
27519-6397FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669866**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ELZA, LESLIE, , ,

Mailing Address 110 CHRISTOW CT

City
CARYState
NCZip Code
27519-6397FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739229

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMBREE, EDWARD, , ,

Mailing Address 26 OLD OAK CT

City
DURHAMState
NCZip Code
27705-5644FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762637

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMERSON, EILEEN, , ,

Mailing Address 4455 STEPHANIE DR

City
MANLIUSState
NYZip Code
13104-9390FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669868

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMERSON, MARK, , ,

Mailing Address 2058 EILENE DR

City
PLEASANTONState
CAZip Code
94588-2601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682673

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EMERSON, MARK, , ,

Mailing Address 2058 EILENE DR

City
PLEASANTONState
CAZip Code
94588-2601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727344

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EMERSON, MARK, , ,

Mailing Address 2058 EILENE DR

City
PLEASANTONState
CAZip Code
94588-2601FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800347

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENDERLE, GEORGES, , ,Mailing Address 303 E LASALLE AVE
APT 311BCity
SOUTH BENDState
INZip Code
46617-2754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NOTRE DAMEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758731**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENDERS, ELIZABETH, M., ,

Mailing Address 530 E 86TH ST

City
NEW YORKState
NYZip Code
10028-7535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PAINTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1122.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654459**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENDERS, ELIZABETH, M., ,

Mailing Address 530 E 86TH ST

City
NEW YORKState
NYZip Code
10028-7535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PAINTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1372.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697116**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

737.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 575 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENDRES, BONNIE, P., ,

Mailing Address 3605 MERIDIAN GARDENS DR

City
LOUISVILLEState
KYZip Code
40241-2562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748873

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGELS, JO ANN, , ,

Mailing Address 2301 E LAKE MITCHELL DR

City
CADILLACState
MIZip Code
49601-8544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681353

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENGLAND, MARGARET, D., ,Mailing Address 2661 TALLANT RD
APT M517City
SANTA BARBARAState
CAZip Code
93105-4807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681729

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENGLAND, NURI, , ,

Mailing Address 23 ARBOR BEND DR

City
HOUSTONState
TXZip Code
77070-4330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44635688**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGLAND, NURI, , ,

Mailing Address 23 ARBOR BEND DR

City
HOUSTONState
TXZip Code
77070-4330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740854**

Amount of Each Receipt this Period

33.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENGLAND, NURI, , ,

Mailing Address 23 ARBOR BEND DR

City
HOUSTONState
TXZip Code
77070-4330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

291.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741400**

Amount of Each Receipt this Period

33.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENGLAND, NURI, , ,

Mailing Address 23 ARBOR BEND DR

City
HOUSTONState
TXZip Code
77070-4330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742824**

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGLAND, NURI, , ,

Mailing Address 23 ARBOR BEND DR

City
HOUSTONState
TXZip Code
77070-4330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787984**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ENGLISH, HELEN, , ,

Mailing Address 700 BONIFANT ST

City
SILVER SPRINGState
MDZip Code
20910-5534FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STEVEN WINTER ASSOCIATES INCOccupation (for Individual)
CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655183**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

307.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENGLISH, SARAH, JANE, ,

Mailing Address 116 TIMBER LN

City
MARQUETTEState
MIZip Code
49855-8801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735647**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ENGLISH, STEPHEN, R., ,

Mailing Address 450 S SAN RAFAEL AVE

City
PASADENAState
CAZip Code
91105-1528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ENGLISH, MUNGER, & RICEOccupation (for Individual)
CO-DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44669894**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERDMAN, HAROLD, , ,Mailing Address 2200 SACRAMENTO ST
APT 903City
SAN FRANCISCOState
CAZip Code
94115-2307FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44807448**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ERICKSEN, JAMES, , ,

Mailing Address 525 WILKINSON LN
APT 112City
SAINT PAULState
MNZip Code
55127-6852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDTRONICOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710712

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ERICKSEN, JAMES, , ,

Mailing Address 525 WILKINSON LN
APT 112City
SAINT PAULState
MNZip Code
55127-6852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDTRONICOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710713

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERICKSEN, JAMES, , ,

Mailing Address 525 WILKINSON LN
APT 112City
SAINT PAULState
MNZip Code
55127-6852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEDTRONICOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733535

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 580 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ERIE, LYNN, , ,

Mailing Address 295 SEABREEZE CT

City
ORCHIDState
FLZip Code
32963-9508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749963**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ERLICH, SUSAN, , ,

Mailing Address 1036 PARK AVE

City
NEW YORKState
NYZip Code
10028-0971FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BD HOTELSOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752267**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ERMAN, NANCY, A., ,

Mailing Address 43200 E OAKSIDE PL

City
DAVISState
CAZip Code
95618-4958FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702197**

Amount of Each Receipt this Period

675.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

945.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ESCH, DAVID, , ,

Mailing Address 5202 BATTERY LN

City
BETHESDAState
MDZip Code
20814-2402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642568

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ESCHEN, NEVILL, H., ,Mailing Address 2188 NE MULTNOMAH ST
APT BCity
PORTLANDState
ORZip Code
97232-2298FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EVANGELICAL LUTHERAN GOOD SAMARITAN SOOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766392

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ESCHENBACH, RALPH, , ,

Mailing Address 20 OAKHILL DR

City
WOODSIDEState
CAZip Code
94062-4253FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRIMBLEOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724623

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ESSER, SALLY, , ,

Mailing Address 4042 DRAKE WAY

City
LIVERMOREState
CAZip Code
94550-4911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIVERMORE VALLEY JOINT UNIFIED SCHOOLOccupation (for Individual)
SUBSTITUTE TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642570

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ESSER, SALLY, , ,

Mailing Address 4042 DRAKE WAY

City
LIVERMOREState
CAZip Code
94550-4911FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LIVERMORE VALLEY JOINT UNIFIED SCHOOLOccupation (for Individual)
SUBSTITUTE TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727366

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ESTES, MAIA, , ,

Mailing Address 40 NEW YORK AVE NW

City
WASHINGTONState
DCZip Code
20001-1257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INVARIANTOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44772277

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2590.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EUBANKS, WILLIAM, , ,

Mailing Address 4312 HAZELWOOD AVE

City
SACRAMENTOState
CAZip Code
95821-6717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693770**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANGELISTA, JACQUELINE, , ,

Mailing Address 100 DELAWARE XING W

City
DELAWAREState
OHZip Code
43015-7853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635723**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANS, BETTY, , ,

Mailing Address 500 ROUTE 909

City
VERONAState
PAZip Code
15147-3831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723507**

Amount of Each Receipt this Period

575.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

790.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVANS, BROCK, , ,

Mailing Address 1310 ALDER ST

City
LA GRANDEState
ORZip Code
97850-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635725

Amount of Each Receipt this Period

85.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANS, BROCK, , ,

Mailing Address 1310 ALDER ST

City
LA GRANDEState
ORZip Code
97850-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703703

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANS, BROCK, , ,

Mailing Address 1310 ALDER ST

City
LA GRANDEState
ORZip Code
97850-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727376

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVANS, BROCK, , ,

Mailing Address 1310 ALDER ST

City
LA GRANDEState
ORZip Code
97850-1414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751493**

Amount of Each Receipt this Period

85.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANS, EVAN, , ,

Mailing Address 5870 SAILING HAWK AVE

City
SANTA ROSAState
CAZip Code
95409-7308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44661885**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANS, EVAN, , ,

Mailing Address 5870 SAILING HAWK AVE

City
SANTA ROSAState
CAZip Code
95409-7308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44694146**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

535.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVANS, EVAN, , ,

Mailing Address 5870 SAILING HAWK AVE

City
SANTA ROSAState
CAZip Code
95409-7308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742249

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EVANS, JAMES, D., ,

Mailing Address 351 CASS PL

City
CANTONState
ILZip Code
61520-1719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

896.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727373

Amount of Each Receipt this Period

234.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EVANS, JAMES, , ,

Mailing Address 11 W RUNSWICK DR

City
HENRICOState
VAZip Code
23238-5424FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737024

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1334.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EWART, STEPHEN, , ,

Mailing Address 11425 PURPLE BEECH DR

City
RESTONState
VAZip Code
20191-1325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2025

Transaction ID : 44723959

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EWING, EARL, , ,

Mailing Address 4411 E LAKE RD

City
HAMILTONState
NYZip Code
13346-3515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

Transaction ID : 44642581

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EWING, EARL, , ,

Mailing Address 4411 E LAKE RD

City
HAMILTONState
NYZip Code
13346-3515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44647205

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EWING, EARL, , ,

Mailing Address 4411 E LAKE RD

City
HAMILTONState
NYZip Code
13346-3515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710768**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EWING, EARL, , ,

Mailing Address 4411 E LAKE RD

City
HAMILTONState
NYZip Code
13346-3515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799352**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EWING, WILLARD, , , II

Mailing Address 440 EL CAMINO CAMPO

City
CORRALESState
NMZip Code
87048-7517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681123**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EXNER, JOHN, , ,

Mailing Address 3743 FOX POINTE

City
ROCKFORDState
ILZip Code
61114-7072FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CGH MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647206**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EXNER, JOHN, , ,

Mailing Address 3743 FOX POINTE

City
ROCKFORDState
ILZip Code
61114-7072FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CGH MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738862**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FABBRO KEENAN, VIVIAN, , ,Mailing Address 1325 SNELL ISLE BLVD NE
UNIT 612City
SAINT PETERSBURGState
FLZip Code
33704-2455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642582**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FABER, JOYCE, , ,Mailing Address 627 DEEP VALLEY DR
P502City
ROLLING HILLS ESTATESState
CAZip Code
90274-3733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44669967

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAIRBANK, ROBERT, J., ,

Mailing Address 865 AHWAHNEE DR

City
MILLBRAEState
CAZip Code
94030-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44760369

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAKHARZADEH, JAHAN, , ,

Mailing Address 2005 TOMMY MOE CT

City
PARK CITYState
UTZip Code
84098-8521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710791

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FALCONER, JULIE, , ,

Mailing Address 409 6TH ST

City
TRAVERSE CITYState
MIZip Code
49684-2415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697175**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FANG, BRUNO, , ,

Mailing Address 120 CLIVE ST

City
EDISONState
NJZip Code
08820-3669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RCCAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670002**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARBER, DANIEL, , ,

Mailing Address 4107 OAKMORE RD

City
OAKLANDState
CAZip Code
94602-1836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710810**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARBER, SHARON, , ,

Mailing Address 1000 PANORAMA DR

City
CHATTANOOGAState
TNZip Code
37421-4027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44647211

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARBER, SHARON, , ,

Mailing Address 1000 PANORAMA DR

City
CHATTANOOGAState
TNZip Code
37421-4027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689804

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARINHOLT, KATHRYN, , ,

Mailing Address 4821 KESWICK RD

City
BALTIMOREState
MDZip Code
21210-2324FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NAMI MDOccupation (for Individual)
NONPROFIT EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720979

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARLEY, JOHN, E., ,

Mailing Address 58 PALM CT

City
PAGOSA SPRINGSState
COZip Code
81147-9235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799602

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARLEY, MARY, , ,

Mailing Address 871 N 400 E

City
LOGANState
UTZip Code
84321-3415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44763227

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARLEY, MARY, , ,

Mailing Address 871 N 400 E

City
LOGANState
UTZip Code
84321-3415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799378

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARMER, EDWARD, , ,Mailing Address 10450 LOTTSFORD RD
APT 251City
BOWIEState
MDZip Code
20721-3303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44684630**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRAR, JUDITH, , ,

Mailing Address 7936 SHIR MAR PL

City

EL CAJON

State

CA

Zip Code

92021-1339

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44710824**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City

PHILADELPHIA

State

PA

Zip Code

19128-1803

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678620**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 595 OF 2977

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697196

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44710825

Amount of Each Receipt this Period

7.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720982

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.50

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745867

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.50

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756139

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, CYNTHIA, , ,

Mailing Address 9300 RIDGE PIKE

City
PHILADELPHIAState
PAZip Code
19128-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

287.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787888

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARRELL, MARGARET, , ,

Mailing Address 27 JENNY LN

City
BARRINGTONState
RIZip Code
02806-4424FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HINCKLEY ALLEN & SNYDEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751524**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, MARGARET, G, ,

Mailing Address 4719 CUMBERLAND AVE

City
CHEVY CHASEState
MDZip Code
20815-5457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784583**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FARRELL, MARGARET, G, ,

Mailing Address 4719 CUMBERLAND AVE

City
CHEVY CHASEState
MDZip Code
20815-5457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787428**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARYNA, ALICE, , ,

Mailing Address 1814 MAXFIELD DR

City
COLUMBUSState
OHZip Code
43212-1803FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771957

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670025

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727392

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733093**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762519**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784685**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787554

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794667

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FAUCETT, GRETCHEN, , ,

Mailing Address 1760 IVY ST

City
DENVERState
COZip Code
80220-1428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERMOUNTAIN HEALTHCAREOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798907

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAVRET, DAVID, , ,

Mailing Address 3329 CALHOUN ST

City
NEW ORLEANSState
LAZip Code
70125-4205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
R?VE REALTORSOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44807066

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEHSENFELD, THOMAS, , ,

Mailing Address 208 CUMBERLAND AVE

City
ASHEVILLEState
NCZip Code
28801-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678627

Amount of Each Receipt this Period

10000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FEIN, DINA, , ,Mailing Address 300 E 33RD ST
APT 7BCity
NEW YORKState
NYZip Code
10016-9409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766686

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FEIN, JUDY, S., ,Mailing Address 150 E 69TH ST
APT 15QCity
NEW YORKState
NYZip Code
10021-5722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647227**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEIN, JUDY, S., ,Mailing Address 150 E 69TH ST
APT 15QCity
NEW YORKState
NYZip Code
10021-5722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751624**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FELDMANN, THEODORE, E., ,

Mailing Address 1249 50TH PL S

City
BIRMINGHAMState
ALZip Code
35222-3919FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655430**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

280.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FELLABAUM, ROBERT, , ,

Mailing Address 227 PATTON ST

City
BUENA VISTAState
PAZip Code
15018-9752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731930

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FELLABAUM, ROBERT, , ,

Mailing Address 227 PATTON ST

City
BUENA VISTAState
PAZip Code
15018-9752FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769330

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FELLERS, KENT, , ,

Mailing Address 115 W WOODLAND AVE

City
SALINAState
KSZip Code
67401-2935FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARROW PRINTING CO INCOccupation (for Individual)
OWNER-PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693624

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FENDEL, DAN, , ,

Mailing Address 20 GREENBANK AVE

City
PIEDMONTState
CAZip Code
94611-4334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792255

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642600

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642601

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755250

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795625

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795858

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797852

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FENNELL, ROBERT, , ,

Mailing Address PO BOX 939

City
MICANOPYState
FLZip Code
32667-0939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800262

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FENTON, JUDITH, , ,Mailing Address 12490 W FIELDING CIR
APT 402City
PLAYA VISTAState
CAZip Code
90094-3031FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703733

Amount of Each Receipt this Period

275.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

380.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERBER, PEGGY, LYNN, ,

Mailing Address 817 N HIGHLAND AVE

City
PITTSBURGHState
PAZip Code
15206-2113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.50

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44689823

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERBER, PEGGY, LYNN, ,

Mailing Address 817 N HIGHLAND AVE

City
PITTSBURGHState
PAZip Code
15206-2113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.50

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727402

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERBER, PEGGY, LYNN, ,

Mailing Address 817 N HIGHLAND AVE

City
PITTSBURGHState
PAZip Code
15206-2113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

432.50

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742612

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

127.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERBER, PEGGY, LYNN, ,

Mailing Address 817 N HIGHLAND AVE

City
PITTSBURGHState
PAZip Code
15206-2113FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766619

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERGUSON, ELEANOR, E., ,

Mailing Address PO BOX 869

City
CHAPEL HILLState
NCZip Code
27514-0869FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762115

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERNALD, EDWARD, A., ,

Mailing Address 4 EVERGREEN RD

City
HAMPTONState
NHZip Code
03842-1115FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697230

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 609 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERNALD, EDWARD, A, ,

Mailing Address 4 EVERGREEN RD

City
HAMPTONState
NHZip Code
03842-1115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720999

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERNALD, EDWARD, A, ,

Mailing Address 4 EVERGREEN RD

City
HAMPTONState
NHZip Code
03842-1115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787700

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERRELL, PATRICIA, , ,

Mailing Address 946 20TH AVE E

City
SEATTLEState
WAZip Code
98112-3507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KING COUNTY LIBRARY SYSTEMOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44688488

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERRER, NANCY, , ,Mailing Address 101 LAUREL WOOD WAY
APT A206City
ST AUGUSTINEState
FLZip Code
32086-3106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687009**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FERRUCCI, TERESA, , ,

Mailing Address 27120 SW 145TH AVE

City
SHERWOODState
ORZip Code
97140-8401FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666654**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FERSKI, RICHARD, MICHAEL, ,

Mailing Address 1194 WITHAM RD

City
MUSKEGONState
MIZip Code
49445-2466FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694876**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FERY, MATTHEW, , ,

Mailing Address 138 V ST NW

City
WASHINGTONState
DCZip Code
20001-1617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INVARIANTOccupation (for Individual)
PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44681790**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIAT, JEROME, , ,

Mailing Address 13401 ESPOSITO ST

City
VENICEState
FLZip Code
34293-2142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686130**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FICKEN, FREDERICK, , ,

Mailing Address 135 WALNUT HILL RD

City
CHESTNUT HILLState
MAZip Code
02467-3156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784312**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FICKEN, FREDERICK, , ,

Mailing Address 135 WALNUT HILL RD

City
CHESTNUT HILLState
MAZip Code
02467-3156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790737

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIELDER, BETTY, A, ,

Mailing Address 10 KENDALL CT

City
CHARLESTOWNState
RIZip Code
02813-2527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655525

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIELDER, BETTY, A, ,

Mailing Address 10 KENDALL CT

City
CHARLESTOWNState
RIZip Code
02813-2527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655526

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIELDER, BETTY, A, ,

Mailing Address 10 KENDALL CT

City
CHARLESTOWNState
RIZip Code
02813-2527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655527**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIELDER, MATT, , ,

Mailing Address 734 THORNTREE CT

City
SAN MARCOSState
CAZip Code
92078-6102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689840**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIFIELD, BARBARA, JANE, ,

Mailing Address 14 MOUNTAIN VIEWS RD

City
LIMERICKState
MEZip Code
04048-3356FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731145**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FILBERT, SUSAN, , ,

Mailing Address 114 TAPLOW RD

City
BALTIMOREState
MDZip Code
21212-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635818**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FILBERT, SUSAN, , ,

Mailing Address 114 TAPLOW RD

City
BALTIMOREState
MDZip Code
21212-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635819**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FILENE, MYRON, , ,

Mailing Address 6231 NE 24TH AVE

City
PORTLANDState
ORZip Code
97211-6005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796798**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FILLETTE, TED, , ,

Mailing Address 220 WONDERWOOD DR

City
CHARLOTTEState
NCZip Code
28211-4012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LEGAL AID OF NORTH CAROLINAOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44722337

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIMBRES, ELIZABETH, , ,Mailing Address 745 E RIVERSIDE DR
APT 118City
EAGLEState
IDZip Code
83616-7409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44710913

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIMBRES, ELIZABETH, , ,Mailing Address 745 E RIVERSIDE DR
APT 118City
EAGLEState
IDZip Code
83616-7409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721012

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIMBRES, ELIZABETH, , ,Mailing Address 745 E RIVERSIDE DR
APT 118City
EAGLEState
IDZip Code
83616-7409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44757326

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINCHER, CLARK, , ,

Mailing Address 2513 W BOOTH RD

City
SEARCYState
ARZip Code
72143-8689FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721014

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINCHER, CLARK, , ,

Mailing Address 2513 W BOOTH RD

City
SEARCYState
ARZip Code
72143-8689FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721015

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINDLEY, CHARLES, , ,

Mailing Address 7733 28TH AVE NE

City
SEATTLEState
WAZip Code
98115-4638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44697253

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44661943

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44661944

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756581

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761797

Amount of Each Receipt this Period

2.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762126

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

107.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINE, JACK, D, ,

Mailing Address 21923 SALTAIR TER

City
LOS ANGELESState
CAZip Code
90049FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763468**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINE, RICHARD, , ,

Mailing Address 12951 AMBOIS DR

City
SAINT LOUISState
MOZip Code
63141-7304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758594**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINEMAN, MARTHA, , ,

Mailing Address 821 PENN AVE NE

City
ATLANTAState
GAZip Code
30308-1522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMORY UNIVERSITYOccupation (for Individual)
LAW PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655536**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

405.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINEMAN, MARTHA, , ,

Mailing Address 821 PENN AVE NE

City
ATLANTAState
GAZip Code
30308-1522FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EMORY UNIVERSITYOccupation (for Individual)
LAW PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800821

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINK, NEWTON, , ,

Mailing Address 58 BRAY ST

City
GLOUCESTERState
MAZip Code
01930-1558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741141

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FINNEGAN, DOROTHY, , ,

Mailing Address 4112 TEGNER RD

City
HUGHSONState
CAZip Code
95326-9544FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654763

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FINUCANE, ANNE, , ,

Mailing Address 2760 SPRINGVIEW DR

City
CHAMBERSBURGState
PAZip Code
17202-8526FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

COUNCIL FOR THE ARTS OF CHAMBERSBURG

Occupation (for Individual)

GALLERY DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635827**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIORI, JOANNA, , ,

Mailing Address PO BOX 161

City
BLAWENBURGState
NJZip Code
08504-0161FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737154**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISCHBACH, NANCY, , ,

Mailing Address 401 RIVER RD

City
DEEP RIVERState
CTZip Code
06417-2121FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

TOWN OF OLD SAYBROOK CT.

Occupation (for Individual)

LAND USE INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759678**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISCHER, DONALD, RAYMOND, ,

Mailing Address 5728 MEDALLION CT

City
CASTRO VALLEYState
CAZip Code
94552-1708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748478**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, ANTHONY, , ,

Mailing Address 796 1ST ST

City
LAKE OSWEGOState
ORZip Code
97034-2340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635836**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, DAVID, , ,

Mailing Address 1266 S 24TH ST

City
PHILADELPHIAState
PAZip Code
19146-4024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF PHILADELPHIAOccupation (for Individual)
COMPUTER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646199**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISHER, DAVID, , ,

Mailing Address 1266 S 24TH ST

City
PHILADELPHIAState
PAZip Code
19146-4024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF PHILADELPHIAOccupation (for Individual)
COMPUTER OPERATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44710949**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, ED, , ,

Mailing Address 2313 HONEYSUCKLE RD

City
CHAPEL HILLState
NCZip Code
27514-1716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NORTH CAROLINA AT CHAPELOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737418**

Amount of Each Receipt this Period

106.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, JUDITH, , ,Mailing Address 33 GATES CIR
APT 6ECity
BUFFALOState
NYZip Code
14209-1197FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678659**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

706.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISHER, RALPH, , ,Mailing Address 4840 THUNDERBIRD DR
APT 390City
BOULDERState
COZip Code
80303-3830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789101

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, RALPH, , ,Mailing Address 4840 THUNDERBIRD DR
APT 390City
BOULDERState
COZip Code
80303-3830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790368

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, RALPH, , ,Mailing Address 4840 THUNDERBIRD DR
APT 390City
BOULDERState
COZip Code
80303-3830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791846

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISHER, RALPH, , ,Mailing Address **4840 THUNDERBIRD DR**
APT 390City
BOULDERState
COZip Code
80303-3830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44796436**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, RALPH, , ,Mailing Address **4840 THUNDERBIRD DR**
APT 390City
BOULDERState
COZip Code
80303-3830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44799825**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, TONY, , ,Mailing Address **796 1ST ST**City
LAKE OSWEGOState
ORZip Code
97034-2340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44742814**

Amount of Each Receipt this Period

500.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**540.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISHER, VICKI, , ,

Mailing Address 6864 MAPLEBROOKE TRCE

City
MEDINAState
OHZip Code
44256-6605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAZZ PHARMACEUTICALSOccupation (for Individual)
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782429**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHER, VICKI, , ,

Mailing Address 6864 MAPLEBROOKE TRCE

City
MEDINAState
OHZip Code
44256-6605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAZZ PHARMACEUTICALSOccupation (for Individual)
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788190**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISHER, VICKI, , ,

Mailing Address 6864 MAPLEBROOKE TRCE

City
MEDINAState
OHZip Code
44256-6605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAZZ PHARMACEUTICALSOccupation (for Individual)
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790301**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 627 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISHER, VICKI, , ,

Mailing Address 6864 MAPLEBROOKE TRCE

City
MEDINAState
OHZip Code
44256-6605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAZZ PHARMACEUTICALSOccupation (for Individual)
SENIOR DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800040**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FISHMAN, DANIEL, , ,

Mailing Address 3727 ELSTON AVE

City
OAKLANDState
CAZip Code
94602-1601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734844**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FITZGERALD COCCA, KATHLEEN, , ,

Mailing Address 116 METZGER DR

City
WEST ORANGEState
NJZip Code
07052-6619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670125**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FITZGERALD COCCA, KATHLEEN, , ,

Mailing Address 116 METZGER DR

City
WEST ORANGEState
NJZip Code
07052-6619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781581

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FITZGERALD COCCA, KATHLEEN, , ,

Mailing Address 116 METZGER DR

City
WEST ORANGEState
NJZip Code
07052-6619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797388

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FITZGIBBON, JOAN, M, ,

Mailing Address 6460 LAWRENCE DR

City
INDIANAPOLISState
INZip Code
46226-1035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44661953

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FITZGIBBONS, STELLA, , ,

Mailing Address 60 N BAY BLVD

City
THE WOODLANDSState
TXZip Code
77380-1070FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635850**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FITZPARICK, ANTON, D., ,

Mailing Address 202 HODGES LN

City
TAKOMA PARKState
MDZip Code
20912-4228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757768**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLACK, JOHN, , ,

Mailing Address 4481 CRANBROOK TRL

City
ORCHARD LAKEState
MIZip Code
48323-1507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WAYNE STATE UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730838**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLAHERTY, MICHAEL, , ,

Mailing Address 75 -282 MALULANI DR

City
KAILUA KONAState
HIZip Code
96740-2080FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682742

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLAHERTY, MICHAEL, , ,

Mailing Address 75 -282 MALULANI DR

City
KAILUA KONAState
HIZip Code
96740-2080FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727420

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLEISCHER, ROBERT, S., ,

Mailing Address 700 PARK AVE

City
NEW YORKState
NYZip Code
10021-0104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CSFBOccupation (for Individual)
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739230

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLEISCHMANN, LOUISA, , ,

Mailing Address 9025 BEECH TRL

City
CINCINNATIState
OHZip Code
45243-1101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703768**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLETCHER, EDITH, , ,

Mailing Address 3 YALE ST

City
NEWPORTState
RIZip Code
02840-1422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797116**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLINKMAN MARANDY, RUTH, , ,

Mailing Address 2185 CENTURY WOODS WAY

City
LOS ANGELESState
CAZip Code
90067-6306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731377**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLOOD, JAMES, , ,

Mailing Address 1384 PARK LAKE DR

City
RESTONState
VAZip Code
20190-3934FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CROWELL & MORING, LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44677701

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLORIO, VINCENT, , ,

Mailing Address 139 NE 53RD ST

City
SEATTLEState
WAZip Code
98105-3726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739167

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FLORY, DONALD, , ,

Mailing Address 900 N 4TH ST

City
CLINTONState
IAZip Code
52732-3725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693779

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FLOWERS, DARLENE, , ,

Mailing Address 4633 HILLTOP TER SE

City
WASHINGTONState
DCZip Code
20019-7837FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789635

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FLOWERS, MELVIN, , ,

Mailing Address 8238 155TH AVE SE

City
NEWCASTLEState
WAZip Code
98059-9279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MICROSOFTOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784147

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOGEL, MICHAEL, , ,

Mailing Address 1055 VERNIER PL

City
STANFORDState
CAZip Code
94305-1006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44701984

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOLDES, KATHERINE, , ,

Mailing Address 13360 NW NORTHRUP ST

City
PORTLANDState
ORZip Code
97229-4532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LEGAL RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642646**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOLKERTH, JEFFREY, T., ,

Mailing Address 3333 MANSION WAY

City
COLUMBUSState
OHZip Code
43221-1581FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OHIO LEGAL RIGHTS SERVICESOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729457**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOLMAR, HEATHER, , ,

Mailing Address 6312 SIERRA ELENA RD

City
IRVINEState
CAZip Code
92603-3927FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANTA ANA PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756090**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOLMAR, HEATHER, , ,

Mailing Address 6312 SIERRA ELENA RD

City
IRVINEState
CAZip Code
92603-3927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANTA ANA PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763085

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOLMAR, HEATHER, , ,

Mailing Address 6312 SIERRA ELENA RD

City
IRVINEState
CAZip Code
92603-3927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANTA ANA PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763125

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOLMAR, HEATHER, , ,

Mailing Address 6312 SIERRA ELENA RD

City
IRVINEState
CAZip Code
92603-3927FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SANTA ANA PUBLIC LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768653

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOLSOM, ALBERT, , ,

Mailing Address 3480 MOCK ORANGE CT S

City
SALEMState
ORZip Code
97302-3647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689891

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOND, KAREN, , ,

Mailing Address 4434 W KLING ST

City
BURBANKState
CAZip Code
91505-3742FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748463

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FONTAINE, BARBARA, L., ,

Mailing Address 1745 WHISTLERS PARK RD

City
ROSEBURGState
ORZip Code
97470-9439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748289

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORBES, IRENE, L, ,

Mailing Address 1800 N MCKINLEY ST

City
LITTLE ROCKState
ARZip Code
72207-4227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARTANSAS BUSINESS PUBLISHINGOccupation (for Individual)
ART DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746154**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORBES, IRENE, L, ,

Mailing Address 1800 N MCKINLEY ST

City
LITTLE ROCKState
ARZip Code
72207-4227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARTANSAS BUSINESS PUBLISHINGOccupation (for Individual)
ART DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752735**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORBES-WATKINS, DAVID, , ,Mailing Address 45 MAIN ST
APT 2ACity
HASTINGS ON HUDSONState
NYZip Code
10706-1643FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689894**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORBES-WATKINS, DAVID, , ,Mailing Address 45 MAIN ST
APT 2ACity
HASTINGS ON HUDSONState
NYZip Code
10706-1643FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703788**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORDYCE, CAROLYN, , ,

Mailing Address 1420 W MARTIN ST

City
ELMAState
WAZip Code
98541-9009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665580**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORKIN, DANIEL, , ,

Mailing Address 319 SONORA DR

City
SAN MATEOState
CAZip Code
94402-2339FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697320**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORMAN, CATHERINE, , ,

Mailing Address 10 SANFORD RD

City
WOODBIDGEState
CTZip Code
06525-1131FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SOUTHERN CONNECTICUT STATE UNIVERSITY

Occupation (for Individual)

ADJUNCT PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703792

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORMELA, JEAN-FRANCOIS, , ,

Mailing Address 32 DERNE ST

City
BOSTONState
MAZip Code
02114-4212FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ATLAS VENTURE

Occupation (for Individual)

VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796172

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORSTER, HAZEL, , ,Mailing Address 4416 LACLEDE AVE
APT 1ECity
SAINT LOUISState
MOZip Code
63108-2255FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731678

Amount of Each Receipt this Period

575.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 640 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORSYTH, ANNE, , ,

Mailing Address 170 STRATFORD ST

City
WEST ROXBURYState
MAZip Code
02132-2141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754110**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORTE, WILLIE, , ,

Mailing Address 750 HANLEY ST

City
GARYState
INZip Code
46406-1555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761246**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FORTE, WILLIE, , ,

Mailing Address 750 HANLEY ST

City
GARYState
INZip Code
46406-1555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800359**

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOWLER, DENNIS, , ,

Mailing Address 2650 PEARCE DR

City
CLEARWATERState
FLZip Code
33764-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PINELLAS COUNTY SHERIFF'S OFFICEOccupation (for Individual)
DEPUTY SHERIFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44635914

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOWLER, DENNIS, , ,

Mailing Address 2650 PEARCE DR

City
CLEARWATERState
FLZip Code
33764-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PINELLAS COUNTY SHERIFF'S OFFICEOccupation (for Individual)
DEPUTY SHERIFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642659

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOWLER, DENNIS, , ,

Mailing Address 2650 PEARCE DR

City
CLEARWATERState
FLZip Code
33764-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PINELLAS COUNTY SHERIFF'S OFFICEOccupation (for Individual)
DEPUTY SHERIFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

588.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670208

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

294.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOWLER, DENNIS, , ,

Mailing Address 2650 PEARCE DR

City
CLEARWATERState
FLZip Code
33764-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PINELLAS COUNTY SHERIFF'S OFFICEOccupation (for Individual)
DEPUTY SHERIFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733317**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOX, ANNE, C., ,

Mailing Address 9101 KENSINGTON PKWY

City
CHEVY CHASEState
MDZip Code
20815-6705FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723595**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FOX, CARYN, L., ,Mailing Address 122 DEMONT AVE E
APT 260City
LITTLE CANADAState
MNZip Code
55117-1540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655382**

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FOX, LYNDA, , ,

Mailing Address 19630 JUNA LN

City
SARATOGAState
CAZip Code
95070-6419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655618**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FOX, LYNDA, , ,

Mailing Address 19630 JUNA LN

City
SARATOGAState
CAZip Code
95070-6419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678688**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRAMPTON, GENE, , ,Mailing Address 1380 MARICE DR
APT 331City
EAGANState
MNZip Code
55121-2140FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670222**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRAMPTON, GENE, , ,Mailing Address 1380 MARICE DR
APT 331City
EAGANState
MNZip Code
55121-2140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734369

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANK, FRANK, , ,

Mailing Address 508 DRAGON GATE CT

City

HENDERSON

State

NV

Zip Code

89012-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BROWNSTEIN/HYATT/FARBER/SCHRECKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678695

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANK, FRANK, , ,

Mailing Address 508 DRAGON GATE CT

City

HENDERSON

State

NV

Zip Code

89012-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BROWNSTEIN/HYATT/FARBER/SCHRECKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711116

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANK, FRANK, , ,

Mailing Address 508 DRAGON GATE CT

City
HENDERSONState
NVZip Code
89012-7279FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BROWNSTEIN/HYATT/FARBER/SCHRECKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757000

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANKLIN, GEORGE, , ,

Mailing Address 2123 N CHURCH ST

City
ROCKFORDState
ILZip Code
61103-3916FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727462

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANKLIN, RONALD, , ,

Mailing Address 2542 THUNDER MOUNTAIN RD

City
UPLANDState
CAZip Code
91784-1189FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRANKLIN YOUNG INT'L INCOccupation (for Individual)
CHIEF EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711119

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANKS, RICHARD, S, ,

Mailing Address 39 HIGHLAND DR

City
PROSPECTState
CTZip Code
06712-1110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711125

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRANKS, RICHARD, S, ,

Mailing Address 39 HIGHLAND DR

City
PROSPECTState
CTZip Code
06712-1110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711126

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRANKS, SUZANNE, , ,

Mailing Address 877 FULTON AVE

City
UPPER GWYNEDDState
PAZip Code
19446-5345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754804

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRANZ, EILEEN, , ,

Mailing Address 6776 LAKE SHORE RD

City
DERBYState
NYZip Code
14047-9739FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693740**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRASE, JANET, , ,Mailing Address 2601 TOUCHMARK DR
UNIT 243City
APPLETONState
WIZip Code
54914-8786FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728742**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREDERIC, GIBBS, , ,

Mailing Address 738 COUNT POURTALES DR

City
COLORADO SPRINGSState
COZip Code
80906-4268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689932**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREDERIC, GIBBS, , ,

Mailing Address 738 COUNT POURTALES DR

City
COLORADO SPRINGSState
COZip Code
80906-4268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739308

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREDETTE, JOSEPH, , ,

Mailing Address 19 WOODLAND RD

City
NORTHBOROUGHState
MAZip Code
01532-1866FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WATERS CORPORATIONOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670251

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREDETTE, JOSEPH, , ,

Mailing Address 19 WOODLAND RD

City
NORTHBOROUGHState
MAZip Code
01532-1866FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WATERS CORPORATIONOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711137

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647298**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655645**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662010**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670252**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697359**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727468**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREDIN, LEIF, , ,

Mailing Address 7551 FIREOAK DR

City
AUSTINState
TXZip Code
78759-6441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LGRF CONSULTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737243

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREEDGOOD, BARBARA, , ,

Mailing Address 159 COLDBROOK RD

City
BEARSVILLEState
NYZip Code
12409-5707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655646

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEDGOOD, BARBARA, , ,

Mailing Address 159 COLDBROOK RD

City
BEARSVILLEState
NYZip Code
12409-5707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678709

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREELAND, MARK, , ,

Mailing Address 6737 NW NORTHRIDGE LN

City
BREMERTONState
WAZip Code
98312-8831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750699

Amount of Each Receipt this Period

10.05

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREELAND, MARK, , ,

Mailing Address 6737 NW NORTHRIDGE LN

City
BREMERTONState
WAZip Code
98312-8831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770726

Amount of Each Receipt this Period

8.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREEMAN, JENNIFER, , ,

Mailing Address 7400 NE 117TH CT

City
EDMONDState
OKZip Code
73013-0404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689938

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

68.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREEMAN, PAUL, , ,

Mailing Address 36 RIVER BEND RD

City
LYNDEBOROUGHState
NHZip Code
03082FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROOKS POST & BEAM, INC.Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662012**

Amount of Each Receipt this Period

100.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREEMAN, PAUL, , ,

Mailing Address 36 RIVER BEND RD

City
LYNDEBOROUGHState
NHZip Code
03082FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROOKS POST & BEAM, INC.Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682788**

Amount of Each Receipt this Period

100.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREESE, AGNES, , ,

Mailing Address 12150 FLAGG DR

City
LAFAYETTEState
COZip Code
80026-9521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ORACLE CORP.Occupation (for Individual)
SR. ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711151**

Amount of Each Receipt this Period

200.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025****SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREIBERG, DAVID, , ,

Mailing Address PO BOX 1634

City
NOVATOState
CAZip Code
94948-1634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ENTERTAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743717**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREIBERG, DAVID, , ,

Mailing Address PO BOX 1634

City
NOVATOState
CAZip Code
94948-1634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ENTERTAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745745**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662019**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670272**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711160**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721068**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732469

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733322

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRENCH, KATHLEEN, , ,

Mailing Address 13466 MANGO DR

City
DEL MARState
CAZip Code
92014-3537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCSDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798719

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRESH, LAURIE, , ,

Mailing Address 1581 LARKSPUR LOOP

City
CLE ELUMState
WAZip Code
98922-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748031**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635977**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697375**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 658 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721070

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755915

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763047

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FREYTAG, DIETRICH, , ,

Mailing Address 3903 GROVE AVE

City
PALO ALTOState
CAZip Code
94303-4553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLACOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789935

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIEDMAN, EDWARD, , ,

Mailing Address 1047 ALVIRA ST

City
LOS ANGELESState
CAZip Code
90035-2626FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655660

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIEDMAN, JANE, , ,Mailing Address 56 7TH AVE
APT 2DCity
NEW YORKState
NYZip Code
10011-6652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662025

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIEDMAN, JANE, , ,Mailing Address 56 7TH AVE
APT 2DCity
NEW YORKState
NYZip Code
10011-6652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670288**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIEDMAN, JANE, , ,Mailing Address 56 7TH AVE
APT 2DCity
NEW YORKState
NYZip Code
10011-6652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678720**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIEDMAN, JANE, , ,Mailing Address 56 7TH AVE
APT 2DCity
NEW YORKState
NYZip Code
10011-6652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740995**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIEDMAN, JANE, , ,Mailing Address 56 7TH AVE
APT 2DCity
NEW YORKState
NYZip Code
10011-6652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754481**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIEDMAN, LAUREN, , ,Mailing Address 404 RIVERSIDE DR
9CCity
NEW YORKState
NYZip Code
10025-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697382**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIEDMAN, WILLIAM, , ,Mailing Address 1 GRAND ARMY PLZ
APT 14DCity
BROOKLYNState
NYZip Code
11238-5648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEACHWOLD RESIDENTIAL LLCOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689950**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 662 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIEDNASH, DOUGLAS, , ,

Mailing Address 2 ELM ST

City
DENVERState
COZip Code
80220-6326FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44677697**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIEND, KAY, , ,

Mailing Address 420 SAND CREEK RD

City
ALBANYState
NYZip Code
12205-2734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793243**

Amount of Each Receipt this Period

1100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIESEN, STANLEY, , ,Mailing Address 4900 C MERIDIAN WAY
APT 26City
FREDERICKState
MDZip Code
21703-6882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MODIS, INCOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44682792**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIESEN, STANLEY, , ,Mailing Address 4900 C MERIDIAN WAY
APT 26City
FREDERICKState
MDZip Code
21703-6882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MODIS, INCOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44711180**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIESEN, STANLEY, , ,Mailing Address 4900 C MERIDIAN WAY
APT 26City
FREDERICKState
MDZip Code
21703-6882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MODIS, INCOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743430**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRINK, RAYMOND, , ,

Mailing Address 2249 SOMERSET CIR

City
WOODLANDState
CAZip Code
95776-5311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44635988**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRITZ, JAMES, , ,

Mailing Address 11204 BIRCHHAVEN AVE

City
BAKERSFIELDState
CAZip Code
93312-8317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44753537

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FROGGE, CATHERINE, , ,

Mailing Address 310 E HIGHLAND AVE

City
PHOENIXState
AZZip Code
85012-1706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655664

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FROGGE, CATHERINE, , ,

Mailing Address 310 E HIGHLAND AVE

City
PHOENIXState
AZZip Code
85012-1706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44763625

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FROGGE, CATHERINE, , ,

Mailing Address 310 E HIGHLAND AVE

City
PHOENIXState
AZZip Code
85012-1706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788117**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FROIMOWITZ, MARK, , ,

Mailing Address 90 EASTBOURNE RD

City
NEWTONState
MAZip Code
02459-1206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721078**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FROST, JAY, L., ,

Mailing Address 1105 AUGUSTA ST

City
HOUSTONState
MOZip Code
65483-2005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723515**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FROST, JOAN, M, ,

Mailing Address 10 LONGFELLOW DR

City
NEW HARTFORDState
NYZip Code
13413-2205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44642687

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FROST, JOAN, M, ,

Mailing Address 10 LONGFELLOW DR

City
NEW HARTFORDState
NYZip Code
13413-2205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703837

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FROST, JOAN, M, ,

Mailing Address 10 LONGFELLOW DR

City
NEW HARTFORDState
NYZip Code
13413-2205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

359.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703838

Amount of Each Receipt this Period

14.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

89.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FROST, PHILIP, , ,

Mailing Address 151 10TH AVE

City
SAN FRANCISCOState
CAZip Code
94118-1126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784142**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRYER, ROSS, E., ,

Mailing Address 1921 PAWNEE DR

City
FORT COLLINSState
COZip Code
80525-1533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723509**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FU, YAOTIAN, , ,

Mailing Address 1297 FEISE RD

City
O FALLONState
MOZip Code
63368-6710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44689958**

Amount of Each Receipt this Period

625.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FU, YAOTIAN, , ,

Mailing Address 1297 FEISE RD

City
O FALLONState
MOZip Code
63368-6710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697397**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FU, YAOTIAN, , ,

Mailing Address 1297 FEISE RD

City
O FALLONState
MOZip Code
63368-6710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752666**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FUHRMAN, BRADLEY, , ,

Mailing Address 6361 LA POSTA DR

City
EL PASOState
TXZip Code
79912-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TEXAS TECH UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44703841**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FUHRMAN, BRADLEY, , ,

Mailing Address 6361 LA POSTA DR

City
EL PASOState
TXZip Code
79912-1803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TEXAS TECH UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798811**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FUKADA, LAURA, , ,

Mailing Address 627 LEYDEN LN

City
CLAREMONTState
CAZip Code
91711-4236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748558**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FULLER, JEAN, , ,

Mailing Address 542 G ST

City
SPARKSState
NVZip Code
89431-4521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KW JOHNSON MGT.Occupation (for Individual)
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670309**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FULLER, JEAN, , ,

Mailing Address 542 G ST

City
SPARKSState
NVZip Code
89431-4521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KW JOHNSON MGT.Occupation (for Individual)
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670312**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FULLER, RALPH, E., ,

Mailing Address 1276 ACAPULCO AVE

City
SIMI VALLEYState
CAZip Code
93065-4003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SMCIOccupation (for Individual)
PROCESS MODELER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731803**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FULLERTON, BARBARA, C., ,

Mailing Address 3 WINTER ST

City
WESTONState
MAZip Code
02493-2609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761399**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FULLERTON, BARBARA, C., ,

Mailing Address 3 WINTER ST

City
WESTONState
MAZip Code
02493-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782554

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FULMORE, GEORGE, , ,

Mailing Address 4 CAPTAIN DR
UNIT 416City
EMERYVILLEState
CAZip Code
94608-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721088

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FULMORE, GEORGE, , ,

Mailing Address 4 CAPTAIN DR
UNIT 416City
EMERYVILLEState
CAZip Code
94608-1731FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721089

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

199.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 672 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FULTON, DOROTHY, , ,

Mailing Address 2074 SUSQUEHANNA RD

City
ABINGTONState
PAZip Code
19001-4421FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723517**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FUNK, ROBERT, , ,

Mailing Address 727 W COOLIDGE AVE

City
CHARLESTONState
ILZip Code
61920-3861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786102**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FUQUA, JOHN, REX, ,

Mailing Address 3048 ANDREWS DR NW

City
ATLANTAState
GAZip Code
30305-2002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FUQUA CAPITALOccupation (for Individual)
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670320**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FUQUA, JOHN, REX, ,

Mailing Address 3048 ANDREWS DR NW

City
ATLANTAState
GAZip Code
30305-2002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FUQUA CAPITALOccupation (for Individual)
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788779

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FUTA, BARYN, , ,

Mailing Address 302 GARFIELD ST

City
DENVERState
COZip Code
80206-4510FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662038

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FUTTERMAN, MATTHEW, , ,

Mailing Address 1113 GLENWILLOW LN

City
CONCORDState
CAZip Code
94521-5016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCIENTIFIC ANALYSIS CORP.Occupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682800

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FUTTERMAN, MATTHEW, , ,

Mailing Address 1113 GLENWILLOW LN

City
CONCORDState
CAZip Code
94521-5016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCIENTIFIC ANALYSIS CORP.Occupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798600**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GABLE, LAUREE, J., ,Mailing Address 9258 VISTA DEL LAGO
21-ACity
BOCA RATONState
FLZip Code
33428-3196FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795218**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAETA, ANDREW, A., ,

Mailing Address 904 STONEWALL LN

City
FREDERICKSBURGState
VAZip Code
22407-7431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
U.S. DEPT OF NAVYOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662043**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 675 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAETA, ANDREW, A., ,

Mailing Address 904 STONEWALL LN

City
FREDERICKSBURGState
VAZip Code
22407-7431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. DEPT OF NAVYOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44689976

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAETA, ANDREW, A., ,

Mailing Address 904 STONEWALL LN

City
FREDERICKSBURGState
VAZip Code
22407-7431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. DEPT OF NAVYOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711229

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAETA, ANDREW, A., ,

Mailing Address 904 STONEWALL LN

City
FREDERICKSBURGState
VAZip Code
22407-7431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. DEPT OF NAVYOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752651

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAFTER, NEAL, , ,

Mailing Address 109 LA RINCONADA DR

City
LOS GATOSState
CAZip Code
95030-2259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MICROSOFTOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770798**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAGE, MARY, , ,

Mailing Address 1615 S ORCHARD DR

City
APPLETONState
WIZip Code
54914-5122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FOX VALLEY TECHNICAL COLLEGEOccupation (for Individual)
EMPLOYMENT ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760405**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAGNER, THOMAS, A., ,

Mailing Address 4 ROCKROSE WAY

City
BRUNSWICKState
MEZip Code
04011-3374FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722610**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAHIMER, JAMES, , ,

Mailing Address 3863 HARVEY S PATH

City
GREENWOODState
INZip Code
46143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647326**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAHIMER, JAMES, , ,

Mailing Address 3863 HARVEY S PATH

City
GREENWOODState
INZip Code
46143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786766**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAINES, BOB, , ,

Mailing Address 913 TREASURE CT

City
FORT MILLState
SCZip Code
29708-6508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781502**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAINES, BOB, , ,

Mailing Address 913 TREASURE CT

City
FORT MILLState
SCZip Code
29708-6508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788962

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAINES, BOB, , ,

Mailing Address 913 TREASURE CT

City
FORT MILLState
SCZip Code
29708-6508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797177

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAINES, GEORGE, W, ,

Mailing Address 3700 KANAWHA ST NW

City
WASHINGTONState
DCZip Code
20015-1810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781111

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

74.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GAINES, GEORGE, W, ,

Mailing Address 3700 KANAWHA ST NW

City
WASHINGTONState
DCZip Code
20015-1810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795479

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAINES, JANE, , ,

Mailing Address 685 W END AVE

City
NEW YORKState
NYZip Code
10025-6819FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COLUMBIA UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748636

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GALLANT, ERNEST, , ,

Mailing Address 97 EDGEBROOK RD

City
HAMILTONState
NJZip Code
08691-3726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731222

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GALLEGOS, MARGARET, , ,Mailing Address 1112 MONTANA AVE
111City
SANTA MONICAState
CAZip Code
90403-1652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711259

Amount of Each Receipt this Period

27.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GALLEGOS, MARGARET, , ,Mailing Address 1112 MONTANA AVE
111City
SANTA MONICAState
CAZip Code
90403-1652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750610

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GALLETO, BETH, , ,Mailing Address 1701 16TH ST NW
APT 215City
WASHINGTONState
DCZip Code
20009-3112FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670366

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

537.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GALLETO, BETH, , ,Mailing Address 1701 16TH ST NW
APT 215City
WASHINGTONState
DCZip Code
20009-3112FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711260**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GALLOPS, MARK, , ,Mailing Address 1 HANSON PL
APT 16JCity
BROOKLYNState
NYZip Code
11243-2918FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TIME INC.Occupation (for Individual)
MARKET RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742051**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GALLOWAY, MELANIE, A., ,

Mailing Address 11128 INNSBROOK WAY

City
IJAMSVILLEState
MDZip Code
21754-9058FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NUCLEAR REGULATORY COMMISSIONOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753750**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GANGELHOFF, CHARLES, , ,

Mailing Address 15309 TUNGSTEN ST NW

City
RAMSEYState
MNZip Code
55303-5735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHRUP GRUMMANOccupation (for Individual)
CARPENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636037

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GANO, JOSEPH, A., ,

Mailing Address 394 RIVER BLUFF CIR

City
NAPERVILLEState
ILZip Code
60540-5249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VICTOR INC.Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736461

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GANO, JOSEPH, A., ,

Mailing Address 394 RIVER BLUFF CIR

City
NAPERVILLEState
ILZip Code
60540-5249FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VICTOR INC.Occupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744635

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARAY-ENGLISH, OLGA, , ,Mailing Address 4314 MARINA CITY DR
UNIT 816City
MARINA DEL REYState
CAZip Code
90292-5815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711280

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARBER, STEPHEN, , ,

Mailing Address 3029 CALIFORNIA ST

City
SAN FRANCISCOState
CAZip Code
94115-2410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PACIFIC GAS AND ELECTRIC COMPANYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790541

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARCIA, DOROTHY, , ,

Mailing Address 1310 ALDER ST

City
LA GRANDEState
ORZip Code
97850-1414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEORGETOWN UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751661

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARCIA, JOHN, B., ,

Mailing Address 616 CENTER ST

City
HEALDSBURGState
CAZip Code
95448-3646FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747222**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARCIA, NANCY, , ,

Mailing Address 6358 WATERWAY DR

City
FALLS CHURCHState
VAZip Code
22044-1321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759248**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDE, GAURI, , ,

Mailing Address 1979 NATALIE LN

City
RIVERSIDEState
CAZip Code
92506-4676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711293**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARDE, GAURI, , ,

Mailing Address 1979 NATALIE LN

City
RIVERSIDEState
CAZip Code
92506-4676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711294**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARDE, GAURI, , ,

Mailing Address 1979 NATALIE LN

City
RIVERSIDEState
CAZip Code
92506-4676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751307**

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARDINER, LAURI, , ,

Mailing Address 11660 CHURCH ST

City
RANCHO CUCAMONGAState
CAZip Code
91730-8917FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FUSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642709**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

276.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARDNER, OWEN, , ,

Mailing Address 31 A PANORAMA POINT RD

City
OMAKState
WAZip Code
98841-9344FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678747**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARLAND, KATHRYN, , ,

Mailing Address 789 S PERKINS RD

City
MEMPHISState
TNZip Code
38117-4707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GARLAND COMPANY REAL ESTATEOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44807073**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARNETT, JOHN, , ,

Mailing Address 520 PORTOLA PLZ

City
LOS ANGELESState
CAZip Code
90095-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44788761**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARRETT, BARBARA, , ,

Mailing Address 60 EDGEWATER DR

City
CORAL GABLESState
FLZip Code
33133-6970FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711314**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARRETT, HOLLY, , ,

Mailing Address 7631 ELLEN LN

City
CITRUS HEIGHTSState
CAZip Code
95610-2908FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCY SAN JUAN MEDICAL CENTEROccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796199**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARSKE, ROBERT, , ,Mailing Address 6825 CAMPFIELD RD
APT 11P-TCity
GWYNN OAKState
MDZip Code
21207-4667FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695020**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 688 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARSKE, ROBERT, , ,Mailing Address 6825 CAMPFIELD RD
APT 11P-TCity
GWYNN OAKState
MDZip Code
21207-4667FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734395

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARSKE, ROBERT, , ,Mailing Address 6825 CAMPFIELD RD
APT 11P-TCity
GWYNN OAKState
MDZip Code
21207-4667FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763376

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARVAR, LANNY, , ,

Mailing Address 12710 NW 19TH MNR

City
CORAL SPRINGSState
FLZip Code
33071-7759FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711323

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARVAR, LANNY, , ,

Mailing Address 12710 NW 19TH MNR

City
CORAL SPRINGSState
FLZip Code
33071-7759FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742431

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GARVAR, LANNY, , ,

Mailing Address 12710 NW 19TH MNR

City
CORAL SPRINGSState
FLZip Code
33071-7759FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784678

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642714

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655755**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662067**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

426.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761673**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

88.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789862

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GASARCH, C, , ,

Mailing Address PO BOX 1130

City
COLLEGE PARKState
MDZip Code
20741-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794432

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GATES, LARUTH, R, ,

Mailing Address 322 CORAL GABLES

City
TRINITYState
TXZip Code
75862-6968FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44731665

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 692 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GATES, ROBERT, , ,

Mailing Address 4900 BROOKSIDE PL

City
ROSWELLState
GAZip Code
30076-3978FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765584

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GAULT, PAUL, , ,

Mailing Address 108 TALL PINES RD

City
FOUNTAIN INNState
SCZip Code
29644-9712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684746

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GAZAWAY, HAL, P, ,

Mailing Address 8620 BOUNDARY AVE

City
ANCHORAGEState
AKZip Code
99504-1412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759568

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEDATUS, GUSTAV, , ,

Mailing Address 3918 IRONWOOD TRL N
55042City
LAKE ELMOState
MNZip Code
55042-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711357

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEDATUS, GUSTAV, , ,

Mailing Address 3918 IRONWOOD TRL N
55042City
LAKE ELMOState
MNZip Code
55042-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711358

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEDATUS, GUSTAV, , ,

Mailing Address 3918 IRONWOOD TRL N
55042City
LAKE ELMOState
MNZip Code
55042-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727536

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEDATUS, GUSTAV, , ,Mailing Address 3918 IRONWOOD TRL N
55042City
LAKE ELMOState
MNZip Code
55042-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737087

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEDATUS, GUSTAV, , ,Mailing Address 3918 IRONWOOD TRL N
55042City
LAKE ELMOState
MNZip Code
55042-8428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREELANCEOccupation (for Individual)
BOOK EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765980

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEE, NORMAN, , ,

Mailing Address 10393 KESWICK AVE

City
LOS ANGELESState
CAZip Code
90064-2557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729478

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

660.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 695 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEIDEL, NANCY, , ,

Mailing Address 3540 WESTSHIRE CIR

City
DEHAVANState
WIZip Code
53115-4234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686181**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GEIGER, SUSAN, , ,

Mailing Address 430 CHIPPING LN

City
CHAGRIN FALLSState
OHZip Code
44023-6724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44703883**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GEIGER, SUSAN, , ,

Mailing Address 430 CHIPPING LN

City
CHAGRIN FALLSState
OHZip Code
44023-6724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44764568**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELB, DANIEL, L., ,Mailing Address 392 CENTRAL PARK W
APT 15CCity
NEW YORKState
NYZip Code
10025-5868FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUTH BEACH PSYCHIATRIC CENTEROccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721131

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GELDON, GILBERT, E., ,

Mailing Address 7309 HONEYWELL LN

City
BETHESDAState
MDZip Code
20814-1017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738281

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GELMAN, WILLIAM, , ,

Mailing Address 14750 SW 156TH AVE

City
MIAMIState
FLZip Code
33196-4612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721132

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

788.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELPI, ALBERT, , ,

Mailing Address 870 TOLMAN DR

City
STANFORDState
CAZip Code
94305-1026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765989

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GELPI, ALBERT, , ,

Mailing Address 870 TOLMAN DR

City
STANFORDState
CAZip Code
94305-1026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784714

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GELPI, ALBERT, , ,

Mailing Address 870 TOLMAN DR

City
STANFORDState
CAZip Code
94305-1026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786873

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GELPI, ALBERT, , ,

Mailing Address 870 TOLMAN DR

City
STANFORDState
CAZip Code
94305-1026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790627

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GELPI, ALBERT, , ,

Mailing Address 870 TOLMAN DR

City
STANFORDState
CAZip Code
94305-1026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798068

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GENTLE, KENNETH, , ,

Mailing Address 311 BUCKEYE TRL

City
WEST LAKE HILLSState
TXZip Code
78746-4421FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766407

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GENTRY, MARY, , ,

Mailing Address 516 DOVER PT NE

City
OLYMPIAState
WAZip Code
98506-9726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703886

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GENTRY, PATTI, , ,

Mailing Address PO BOX 749

City
BORINGState
ORZip Code
97009-0749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLUE MOUNTAIN NURSERYOccupation (for Individual)
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682850

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERAGHTY, JEANNE, , ,

Mailing Address 853 SAINT PAUL ST

City
DENVERState
COZip Code
80206-3937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44665475

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44647372

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670467

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711387

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745234**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752591**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERBARG, PATRICIA, , ,

Mailing Address 86 SHERRY LN

City
KINGSTONState
NYZip Code
12401-4724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782535**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 702 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GERHARDT, JEAN, , ,

Mailing Address 101 SHAKERDALE RD

City
MONTGOMERYState
OHZip Code
45242-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666329**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GERHART, JOHN, C, ,

Mailing Address 2395 OAK ST

City
BERKELEYState
CAZip Code
94708-1646FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697505**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERMANOW, ANDY, , ,

Mailing Address 83 HAWTHORNE ST

City
ROCHESTERState
NYZip Code
14610-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GERMANOW-SIMON CORP.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744254**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GERNERT, NANCY, , ,

Mailing Address 162 HONEY HOLLOW RD

City
POUND RIDGEState
NYZip Code
10576-1105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756716**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GERSTUNG, DONNA, S., ,

Mailing Address 820 E MORRIS DR

City
PALATINEState
ILZip Code
60074-7161FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732214**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GERZINA, JUDY, R., ,

Mailing Address PO BOX 726

City
KNOXState
PAZip Code
16232-0726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690052**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GERZINA, JUDY, R., ,

Mailing Address PO BOX 726

City
KNOXState
PAZip Code
16232-0726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731920

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GESSAY, GREGORY, D., ,

Mailing Address 4030 N CAMINO GACELA

City
TUCSONState
AZZip Code
85718-7029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INDIAN HEALTH SERVICEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670481

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GESSAY, GREGORY, D., ,

Mailing Address 4030 N CAMINO GACELA

City
TUCSONState
AZZip Code
85718-7029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INDIAN HEALTH SERVICEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768177

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 705 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GEYMAN, JOHN, P., ,

Mailing Address 34 OAK HILL DR

City
FRIDAY HARBORState
WAZip Code
98250-8892FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748702

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642733

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670493

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 706 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682860

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727545

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732285

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIANCOLA, LOUIS, , ,

Mailing Address 6 BARBERRY HILL RD

City
PROVIDENCEState
RIZip Code
02906-3320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782979**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIBBER, ERIC, M., ,

Mailing Address 12 TEMI RD

City
FRAMINGHAMState
MAZip Code
01701-3345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IMS HEALTHOccupation (for Individual)
DATA ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772075**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIBBONS, MARY, , ,

Mailing Address 15 REDBERRY RDG

City
PORTOLA VALLEYState
CAZip Code
94028-8077FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697517**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIBERSON, NANCY, , ,

Mailing Address 336 PACIFIC AVE

City
SOLANA BEACHState
CAZip Code
92075-1158FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655805

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIBSON, DAVID, H, ,

Mailing Address 3511 OVERBROOK DR

City
DALLASState
TXZip Code
75205-4324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR/PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44636118

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIES, RICHARD, , ,

Mailing Address 1033 NOTTINGHAM RD

City
GROSSE POINTE PARKState
MIZip Code
48230-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655809

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 709 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIES, RICHARD, , ,

Mailing Address 1033 NOTTINGHAM RD

City
GROSSE POINTE PARKState
MIZip Code
48230-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655810**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIES, RICHARD, , ,

Mailing Address 1033 NOTTINGHAM RD

City
GROSSE POINTE PARKState
MIZip Code
48230-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655811**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIES, RICHARD, , ,

Mailing Address 1033 NOTTINGHAM RD

City
GROSSE POINTE PARKState
MIZip Code
48230-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655812**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIES, RICHARD, , ,

Mailing Address 1033 NOTTINGHAM RD

City
GROSSE POINTE PARKState
MIZip Code
48230-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44670502**

Amount of Each Receipt this Period

28.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIESING, KRISTOPHER, , ,

Mailing Address 3718 REDWOOD CIR

City
PALO ALTOState
CAZip Code
94306-4250FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALPHABET INCOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44754940**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIGANTE, MICHEL, , ,

Mailing Address 1578 TANYARD RD

City
SEWELLState
NJZip Code
08080-4224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44734359**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

453.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIGANTE, MICHEL, , ,

Mailing Address 1578 TANYARD RD

City
SEWELLState
NJZip Code
08080-4224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743127

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIGANTE, MICHEL, , ,

Mailing Address 1578 TANYARD RD

City
SEWELLState
NJZip Code
08080-4224FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757249

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILA RIVER INDIAN COMMUNITY

Mailing Address PO BOX 2160

City
SACATONState
AZZip Code
85147-0055FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44827400

Amount of Each Receipt this Period

44300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILBERT BRIGGS, ALYCE, A., ,Mailing Address 88 ATLANTIC AVE
3A/7City
BROOKLYNState
NYZip Code
11201-5578FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WICKED LLCOccupation (for Individual)
THEATRICAL WARDROBE SUPERVIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44703103

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILBERT, BRENDA, , ,

Mailing Address 89 POPLAR LAKE RD

City
MAKANDAState
ILZip Code
62958-2073FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694123

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILDRIE, MEREDITH, M, ,

Mailing Address 330 PETERSON LN

City
CLARKSVILLEState
TNZip Code
37040-6720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697530

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILKESON, WILLIAM, , ,

Mailing Address 2714 WAYLAND DR

City
RALEIGHState
NCZip Code
27608-1214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAILEY & DIXON LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655828

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILKESON, WILLIAM, , ,

Mailing Address 2714 WAYLAND DR

City
RALEIGHState
NCZip Code
27608-1214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAILEY & DIXON LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783177

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILL, DEREK, , ,

Mailing Address 609 PEBBLE BEACH DR

City
SILVER SPRINGState
MDZip Code
20904-3575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIBERSAT TELECOMMUNICATIONSOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667181

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILL, SAAR, , ,

Mailing Address 770 CONSHOCKEN STATE RD

City
BALA CYNWYDState
PAZip Code
19004-2519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PENNSYLVANIAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792898**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILLESPIE, MICHAEL, , ,

Mailing Address 9980 OAK VALLEY DR

City
CLARKSTONState
MIZip Code
48348-4174FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785127**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILLIAM, HERBERT, , ,Mailing Address 2412 INGLESIDE AVE
APT 5BCity
CINCINNATIState
OHZip Code
45206-2185FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642742**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILLIGAN, JUDY, , ,

Mailing Address PO BOX 220

City
YOUNGSTOWNState
PAZip Code
15696-0220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761915**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILLILAN, MARY, , ,Mailing Address 12501 VILLAGE CIRCLE DR
APT 241City
SAINT LOUISState
MOZip Code
63127-1728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753675**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GILMAN, ALEXIS, , ,

Mailing Address 1654 STRINE DR

City
MC LEANState
VAZip Code
22101-4744FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FTCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711459**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GILMAN, BRIAN, , ,

Mailing Address 49 BROWN DR

City
SOUTHAMPTONState
PAZip Code
18966-1172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE CONFIDENTIALITY GROUPOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711458**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GILMAN, SIDNEY, , ,

Mailing Address 214 LITTLE FALLS RD

City
FAIRFIELDState
NJZip Code
07004-2637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787999**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIMBER, JUDY, , ,

Mailing Address 2710 SAN VICENTE AVE

City
LONG BEACHState
CAZip Code
90815-1349FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724092**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GINGO, ZACHARY, , ,

Mailing Address 55 PITCHER AVE

City
MEDFORDState
MAZip Code
02155-2106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
FACILITY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670533

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIRARD, ANNETTE, , ,

Mailing Address 3664 MIDDLEBURG LN
APT 104City
ROCKLEDGEState
FLZip Code
32955-4550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VETERANS ADMINOccupation (for Individual)
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697553

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIRARD, ANNETTE, , ,

Mailing Address 3664 MIDDLEBURG LN
APT 104City
ROCKLEDGEState
FLZip Code
32955-4550FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VETERANS ADMINOccupation (for Individual)
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711478

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

552.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIRARD, ANNETTE, , ,Mailing Address 3664 MIDDLEBURG LN
APT 104City
ROCKLEDGEState
FLZip Code
32955-4550FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VETERANS ADMINOccupation (for Individual)
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721157**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIRARD, ANNETTE, , ,Mailing Address 3664 MIDDLEBURG LN
APT 104City
ROCKLEDGEState
FLZip Code
32955-4550FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VETERANS ADMINOccupation (for Individual)
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743239**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIRARD, ANNETTE, , ,Mailing Address 3664 MIDDLEBURG LN
APT 104City
ROCKLEDGEState
FLZip Code
32955-4550FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VETERANS ADMINOccupation (for Individual)
DENTAL LAB TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769617**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIROLO, MARIE, I., ,

Mailing Address 848 D ST

City
PETALUMAState
CAZip Code
94952-4133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DELAGNES MITCHELL & LINDEER LLPOccupation (for Individual)
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769904**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GISH, MICHELLE, , ,

Mailing Address 3711 HAWK ISLAND DR

City
BRADENTONState
FLZip Code
34208-9413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786607**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GITTES, LYNNE, , ,

Mailing Address 2801 ATLANTA DR

City
SILVER SPRINGState
MDZip Code
20906-3741FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711485**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GITTES, LYNNE, , ,

Mailing Address 2801 ATLANTA DR

City
SILVER SPRINGState
MDZip Code
20906-3741FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767077**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GLASSBRENNER, PAUL, F., ,

Mailing Address 5221 MEDMONT CIR SW

City
ROANOKEState
VAZip Code
24018-1118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681657**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLASSMAN, PAUL, , ,

Mailing Address 70 CORTE DE SABLA

City
GREENBRAEState
CAZip Code
94904-1310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF THE PACIFICOccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785261**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLEEKEL, MIMI, CAROL, ,

Mailing Address 2667 CEDAR GRN

City
HOPKINSState
MNZip Code
55305-3205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706723

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GLEESON, KATE, , ,Mailing Address 520 JOHN CARLYLE ST
UNIT 228City
ALEXANDRIAState
VAZip Code
22314-6814FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DATABRICKSOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749239

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLENN, CAROLYN, , ,

Mailing Address 590 MONTCALM PL

City
SAINT PAULState
MNZip Code
55116-1733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742162

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLENN, CAROLYN, , ,

Mailing Address 590 MONTCALM PL

City
SAINT PAULState
MNZip Code
55116-1733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763029

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GLENN, CAROLYN, , ,

Mailing Address 590 MONTCALM PL

City
SAINT PAULState
MNZip Code
55116-1733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789493

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLENN, CAROLYN, , ,

Mailing Address 590 MONTCALM PL

City
SAINT PAULState
MNZip Code
55116-1733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789749

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLENN, JACK, , ,

Mailing Address 13984 LOG CABIN RD

City
THREE OAKSState
MIZip Code
49128-9531FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BORGWARNEROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751408**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GLEYSTEN, ALEXANDRA, , ,

Mailing Address 11476 AMANDA DR

City
STUDIO CITYState
CAZip Code
91604-4141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WOMEN'S ALZHEIMER'S MOVEMENTOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44642755**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLEYSTEN, ALEXANDRA, , ,

Mailing Address 11476 AMANDA DR

City
STUDIO CITYState
CAZip Code
91604-4141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WOMEN'S ALZHEIMER'S MOVEMENTOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44800718**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLICK, DEBORAH, J., ,Mailing Address **75 BANK ST**
APT 3QCity
NEW YORKState
NYZip Code
10014-5909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYS ASSEMBLYOccupation (for Individual)
STATE LEGISLATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44759764

Amount of Each Receipt this Period

250.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GLICK, GAIL, , ,Mailing Address **3818 WARREN ST NW**City
WASHINGTONState
DCZip Code
20016-2235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

Transaction ID : 44711510

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLICK, GAIL, , ,Mailing Address **3818 WARREN ST NW**City
WASHINGTONState
DCZip Code
20016-2235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44754370

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**450.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GLOVER, SHEILA, , ,Mailing Address **418 SAINT JOHNS PL**
APT 5BCity
BROOKLYNState
NYZip Code
11238-5311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 21 / 2025**Transaction ID : 44747094**

Amount of Each Receipt this Period

1000.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GNANADESIKAN, MRUDULLA, , ,Mailing Address **44 FOUNTAIN GROVE CIR**City
NAPAState
CAZip Code
94558-2483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

02 / 05 / 2025**Transaction ID : 44655864**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GNANADESIKAN, MRUDULLA, , ,Mailing Address **44 FOUNTAIN GROVE CIR**City
NAPAState
CAZip Code
94558-2483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44738686**

Amount of Each Receipt this Period

75.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1090.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GNANADESIKAN, MRUDULLA, , ,

Mailing Address 44 FOUNTAIN GROVE CIR

City
NAPAState
CAZip Code
94558-2483FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44807702

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GNANADESIKAN, MRUDULLA, , ,

Mailing Address 44 FOUNTAIN GROVE CIR

City
NAPAState
CAZip Code
94558-2483FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799519

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GODSEY, KIRBY, , ,

Mailing Address PO BOX 2541

City
MACONState
GAZip Code
31203-2541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCER UNIVOccupation (for Individual)
CHANCELLOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769905

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GODWIN, JOHN, , ,

Mailing Address 965 S GRETN A GREEN WAY

City
LOS ANGELESState
CAZip Code
90049-5838FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690108**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOEDERT, CATHRYN, A, ,

Mailing Address 100 WOLFDAL E RD

City
BRISTOLState
TNZip Code
37620-2845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788873**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOEDERT, CATHRYN, A, ,

Mailing Address 100 WOLFDAL E RD

City
BRISTOLState
TNZip Code
37620-2845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789170**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOEDERT, CATHRYN, A, ,

Mailing Address 100 WOLFDAL RD

City
BRISTOLState
TNZip Code
37620-2845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790666

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOELLER, KLAUS, , ,

Mailing Address 5600 S 4430 W

City
SALT LAKE CITYState
UTZip Code
84118-5172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790263

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOFFMAN, JACKSON, , ,

Mailing Address 33432 ABALONE DR

City
DANA POINTState
CAZip Code
92629-4441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711540

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOFFMAN, JACKSON, , ,

Mailing Address 33432 ABALONE DR

City
DANA POINTState
CAZip Code
92629-4441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761657**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDBERG, ALAN, D., ,

Mailing Address 605 S GROVE AVE

City
OAK PARKState
ILZip Code
60304-1120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF ILLINOISOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642763**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDBERG, BARBARA, S., ,

Mailing Address 1900 HEIDELBERG DR

City
MOUNT PLEASANTState
SCZip Code
29464-3959FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760371**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDBERG, BRUCE, , ,

Mailing Address PO BOX 34459

City
LOS ANGELESState
CAZip Code
90034-0459FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SMART MODULAR TECHNOLOGIESOccupation (for Individual)
CHIEF LEGAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732949

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDBERG, LINDA, R., ,

Mailing Address 207 MAISON CT

City
PALM BEACH GARDENSState
FLZip Code
33410-2215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44665285

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDBERG, PAUL, , ,Mailing Address 865 CENTRAL AVE
APT C404City
NEEDHAMState
MAZip Code
02492-1369FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLAGSHIP PROPERTIES INC.Occupation (for Individual)
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682898

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1412.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDBERG, STANTON, , ,

Mailing Address 1900 HEIDELBERG DR

City
MT PLEASANTState
SCZip Code
29464-3959FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1115.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722705**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDEN, BRUCE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760953**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDEN, BRUCE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44843451**

Amount of Each Receipt this Period

- 5700.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDEN, JAMES, D., ,Mailing Address 2301 FARRINGTON AVE
APT 102City
ALEXANDRIAState
VAZip Code
22303-1541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
SOCIAL SECURITY ADMIN.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686830**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDEN, JAMES, D., ,Mailing Address 2301 FARRINGTON AVE
APT 102City
ALEXANDRIAState
VAZip Code
22303-1541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
SOCIAL SECURITY ADMIN.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724619**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDEN, OLIVIA, A., ,Mailing Address 2601 WOODLEY PL NW
APT 703City
WASHINGTONState
DCZip Code
20008-1564FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE URBAN INSTITUTEOccupation (for Individual)
POLICY RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735151**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 733 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDMAN, VIRGINIA, , ,

Mailing Address 12045 GREAT ELM DR

City
POTOMACState
MDZip Code
20854-1227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711558

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSMITH, ELLEN, M., ,Mailing Address 23371 BLUE WATER CIR
APT C406City
BOCA RATONState
FLZip Code
33433-7090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636188

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSMITH, ELLEN, M., ,Mailing Address 23371 BLUE WATER CIR
APT C406City
BOCA RATONState
FLZip Code
33433-7090FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711561

Amount of Each Receipt this Period

28.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

793.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSMITH, ELLEN, M., ,Mailing Address 23371 BLUE WATER CIR
APT C406City
BOCA RATONState
FLZip Code
33433-7090FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745048**

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSMITH, REESE, , ,Mailing Address 400 K ST NW
APT 1421City
WASHINGTONState
DCZip Code
20001-3094FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARA PARTNERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677694**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, CAROLYN, , ,

Mailing Address 212 30 23 AVE

City
BAYSIDEState
NYZip Code
11360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739418**

Amount of Each Receipt this Period

170.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2688.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDSTEIN, CAROLYN, , ,

Mailing Address 212 30 23 AVE

City
BAYSIDEState
NYZip Code
11360FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757353

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDSTEIN, SUSAN, , ,

Mailing Address 4580 PAUL SWEET RD

City
SANTA CRUZState
CAZip Code
95065-1016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636192

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOLDSTEIN, SUSAN, , ,

Mailing Address 4580 PAUL SWEET RD

City
SANTA CRUZState
CAZip Code
95065-1016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724737

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 736 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOLDTHWAITE, BARBARA, M., ,Mailing Address 2550 HAVENWOOD DR
UNIT CCity
OSHKOSHState
WIZip Code
54904-5715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655018

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLTRA, GARY, , ,

Mailing Address 10414 STONEBANK ST

City
BELLFLOWERState
CAZip Code
90706-6833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUILDING INSPECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636195

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GONZALEZ RASCON, RENE, , ,

Mailing Address 73 SHADOWBROOK LN

City
BROWNSVILLEState
TXZip Code
78521-1648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RASCON ENTERPRISES INC.Occupation (for Individual)
DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765076

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GONZALEZ, JOHN MICHAEL, , ,Mailing Address 920 I ST NW
APT 715City
WASHINGTONState
DCZip Code
20001-4968FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TIBER CREEK GROUPOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772323**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GONZALEZ, KEVIN, D, ,

Mailing Address 2440 VAIL AVE

City
CHARLOTTEState
NCZip Code
28207-1936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BARNES & NOBLE INC.Occupation (for Individual)
VP COMP & BENEFITS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681295**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GONZALEZ, VANESSA, C., ,

Mailing Address 309 DEL MAR BLVD

City
CORPUS CHRISTIState
TXZip Code
78404-1931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DRISCOLL CHILDREN'S HOSPITALOccupation (for Individual)
PEDIATRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702587**

Amount of Each Receipt this Period

260.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOOCH, JENNY, , ,

Mailing Address 61585 TWIN LAKES LOOP

City
BENDState
ORZip Code
97702-9586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711588

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOOCH, JENNY, , ,

Mailing Address 61585 TWIN LAKES LOOP

City
BENDState
ORZip Code
97702-9586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738245

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOOCH, JENNY, , ,

Mailing Address 61585 TWIN LAKES LOOP

City
BENDState
ORZip Code
97702-9586FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752505

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 739 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODEN, EVERLENA, , ,

Mailing Address 561 GOODENVILLE RD

City
MUNFORDState
ALZip Code
36268-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44703962**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODEN, EVERLENA, , ,

Mailing Address 561 GOODENVILLE RD

City
MUNFORDState
ALZip Code
36268-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44737879**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODEN, EVERLENA, , ,

Mailing Address 561 GOODENVILLE RD

City
MUNFORDState
ALZip Code
36268-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

233.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44756658**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODEN, EVERLENA, , ,

Mailing Address 561 GOODENVILLE RD

City
MUNFORDState
ALZip Code
36268-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767140**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, CAROLE, , ,

Mailing Address 15705 BUTTONBUSH CT

City
ROCKVILLEState
MDZip Code
20853-1468FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721199**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODMAN, DAVID, , ,

Mailing Address 12019 NW 40TH AVE

City
VANCOUVERState
WAZip Code
98685-2054FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761757**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, EDIE, , ,

Mailing Address 1030 N STATE ST

City
CHICAGOState
ILZip Code
60610-2812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790213

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, EDIE, , ,

Mailing Address 1030 N STATE ST

City
CHICAGOState
ILZip Code
60610-2812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794976

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODMAN, JEFFREY, , ,

Mailing Address 4535 TRENTON PL

City
BRADENTONState
FLZip Code
34211-5520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742155

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, JILL, LAURIE, ,Mailing Address 318 W 108TH ST
APT 3City
NEW YORKState
NYZip Code
10025-2772FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743248

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, LAURA, , ,Mailing Address 1130 HIGHLANDS PL
APT 222City
ROCKINGHAMState
VAZip Code
22801-2311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636216

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODMAN, LAURA, , ,Mailing Address 1130 HIGHLANDS PL
APT 222City
ROCKINGHAMState
VAZip Code
22801-2311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642777

Amount of Each Receipt this Period

80.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 743 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, LAURA, , ,

Mailing Address 1130 HIGHLANDS PL
APT 222City
ROCKINGHAMState
VAZip Code
22801-2311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670636

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, LAURA, , ,

Mailing Address 1130 HIGHLANDS PL
APT 222City
ROCKINGHAMState
VAZip Code
22801-2311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678838

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODMAN, LAURA, , ,

Mailing Address 1130 HIGHLANDS PL
APT 222City
ROCKINGHAMState
VAZip Code
22801-2311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737604

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, MARCIA, , ,

Mailing Address 10475 WILSHIRE BLVD

City
LOS ANGELESState
CAZip Code
90024-4689FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793142**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, SUSAN, , ,

Mailing Address 7 ROLAND RD

City
NEW PROVIDENCEState
NJZip Code
07974-2771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNION COUNTY COLLEGEOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647421**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODMAN, SUSAN, , ,

Mailing Address 7 ROLAND RD

City
NEW PROVIDENCEState
NJZip Code
07974-2771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNION COUNTY COLLEGEOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711607**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1055.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODMAN, SUSAN, , ,

Mailing Address 7 ROLAND RD

City
NEW PROVIDENCEState
NJZip Code
07974-2771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNION COUNTY COLLEGEOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746037

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODMAN, SUSAN, , ,

Mailing Address 7 ROLAND RD

City
NEW PROVIDENCEState
NJZip Code
07974-2771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNION COUNTY COLLEGEOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

645.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798158

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GOODWIN, CARL, , ,

Mailing Address 15 SWEZEY LN

City
MIDDLE ISLANDState
NYZip Code
11953-1440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KEYSPANOccupation (for Individual)
CABLE SPLICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654927

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOODWIN, LUANA, G, ,

Mailing Address 2401 PENNSYLVANIA AVE
APT 5B27City
PHILADELPHIAState
PAZip Code
19130-3022FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751296

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOODWIN, SALLY, A., ,

Mailing Address 3677 WOODLAND HALL LN

City
CLINTONState
WAZip Code
98236-8628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721201

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, ELIZABETH, , ,

Mailing Address 186 JERRY BROWNE RD
UNIT 5113City
MYSTICState
CTZip Code
06355-4024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694359

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, JEAN, , ,

Mailing Address 8266 CARIBOU PEAK WAY

City
ELK GROVEState
CAZip Code
95758-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44732217**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, JOHN, , ,

Mailing Address 4845 GERANIUM PL

City
OAKLANDState
CAZip Code
94619-3036FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44703969**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, JOHN, , ,

Mailing Address 4845 GERANIUM PL

City
OAKLANDState
CAZip Code
94619-3036FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44703970**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, LOUIS, , ,

Mailing Address 230 ALMUR LN

City
WYNNEWOODState
PAZip Code
19096-1713FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUSQUEHANNA INTL GRPOccupation (for Individual)
STATISTICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727595

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORDON, MARK, , ,Mailing Address 1768 ALPINE DR
UNIT 2City
VAILState
COZip Code
81657-4341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHRISTIANIA REALTY, INC.Occupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44807063

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORDON, ROBBY, , ,

Mailing Address 2217 ALTA VISTA DR

City
VISTAState
CAZip Code
92084-7023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766816

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORDON, STUART, , ,

Mailing Address 294 ARGONNE AVE

City
LONG BEACHState
CAZip Code
90803-1742FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BESTWAY PRODUCTS COMPANYOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739383

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORE, DONALD, , ,

Mailing Address 2135 WOODBRIDGE WAY

City
WOODBURYState
MNZip Code
55125-9354FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678846

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORE, MARY ANNE, , ,

Mailing Address 1200 LOWELL RD

City
CONCORDState
MAZip Code
01742-5527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655280

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 750 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GORE, MARY ANNE, , ,

Mailing Address 1200 LOWELL RD

City
CONCORDState
MAZip Code
01742-5527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723511

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GORE, MELVER, , ,

Mailing Address 1431 1ST ST

City
ALEX CITYState
ALZip Code
35010-2307FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723972

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GORMAN, CHARLES, J., ,

Mailing Address 11 CYNTHIA CIR

City
WEYMOUTHState
MAZip Code
02188-3411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793378

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GOUDY, ROBERT, , ,

Mailing Address 2025 MEADOWLARK RD

City
MANHATTANState
KSZip Code
66502-4558FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670666**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAHAM, ELLEN, , ,

Mailing Address 650 HICKORY HILL RD

City
SAPULPAState
OKZip Code
74066-1138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690161**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAHAM, SUSAN, , ,

Mailing Address 5800 SIERRA LEON

City
AUSTINState
TXZip Code
78759-3918FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753617**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAND JEAN, RICHARD, , ,

Mailing Address 302 W 12TH ST

City
NEW YORKState
NYZip Code
10014-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662187

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRANDEY, BETTINA, , ,

Mailing Address 560 N WILLIAMS ST

City
DENVERState
COZip Code
80218-3640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44703988

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRANDY, NINA, , ,

Mailing Address 16407 OLYMPIC VIEW RD NW

City
SILVERDALEState
WAZip Code
98383-9735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690166

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 753 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRANDY, NINA, , ,

Mailing Address 16407 OLYMPIC VIEW RD NW

City
SILVERDALEState
WAZip Code
98383-9735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690167**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRANDY, NINA, , ,

Mailing Address 16407 OLYMPIC VIEW RD NW

City
SILVERDALEState
WAZip Code
98383-9735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751562**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRANT, BARRIE, , ,

Mailing Address 31624 WRIGHTWOOD RD

City
BONSALLState
CAZip Code
92003-4708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711680**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

91.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRANT, BARRIE, , ,

Mailing Address 31624 WRIGHTWOOD RD

City
BONSALLState
CAZip Code
92003-4708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742079

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRANT, BARRIE, , ,

Mailing Address 31624 WRIGHTWOOD RD

City
BONSALLState
CAZip Code
92003-4708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745677

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRANT, BARRIE, , ,

Mailing Address 31624 WRIGHTWOOD RD

City
BONSALLState
CAZip Code
92003-4708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791153

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRANT, BARRIE, , ,

Mailing Address 31624 WRIGHTWOOD RD

City
BONSALLState
CAZip Code
92003-4708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794134

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRANT, BRIAN, W, ,

Mailing Address 9507 CADBURY CIR

City
INDIANAPOLISState
INZip Code
46260-1000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PASTORAL COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796258

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRANT, FRANK, LOUIS, ,

Mailing Address 3722 WILLOWOOD BLVD

City
SAN ANTONIOState
TXZip Code
78219-2536FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44749039

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRANT, MADELEINE, , ,

Mailing Address 2513 LORD BARANOF DR

City
ANCHORAGEState
AKZip Code
99517-1263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANCHORAGE VA CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684534**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRANT, MARGARET, , ,

Mailing Address 1606 BROOK RD

City
WARRENState
VTZip Code
05674-9427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NTT DATA INCOccupation (for Individual)
IT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733170**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRASSESCHI, BARBARA, , ,Mailing Address 1083 VINE ST
249City
HEALDSBURGState
CAZip Code
95448-4830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PUMA SPRINGS VINEYARDSOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5920.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735571**

Amount of Each Receipt this Period

2960.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3710.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAUER, LAURA, , ,

Mailing Address 201 EL BRAVO WAY

City
PALM BEACHState
FLZip Code
33480-4721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749768**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAVES, HOWARD, , ,

Mailing Address 913 ORDWAY ST

City
ALBANYState
CAZip Code
94706-2115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIV OF CALIF SAN FRANCISCOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702236**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRAY, DAVID, , ,Mailing Address 220 RIVERSIDE BLVD
APT 29CCity
NEW YORKState
NYZip Code
10069-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ZIFF BROTHERS INVSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682935**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRAY, RAMONA, , ,

Mailing Address 4301 S ATLANTIC AVE

City
PONCE INLETState
FLZip Code
32127-6903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44682932**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRAY, RAMONA, , ,

Mailing Address 4301 S ATLANTIC AVE

City
PONCE INLETState
FLZip Code
32127-6903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711692**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREAVES, CARYL, , ,

Mailing Address 972 ADEE AVE

City
BRONXState
NYZip Code
10469-3920FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693526**

Amount of Each Receipt this Period

120.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 759 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEDNDORFER, SUSAN, L., ,

Mailing Address 5140 N FAIRWAY HEIGHTS DR

City
TUCSONState
AZZip Code
85749-7131FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732004

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, JODY, , ,

Mailing Address 5505 DURBIN RD

City
BETHESDAState
MDZip Code
20814-1011FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FOAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682937

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, KAREN, , ,

Mailing Address 2001 K ST NW

City
WASHINGTONState
DCZip Code
20006-1037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AKINOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44735578

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 760 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, LAURA, , ,

Mailing Address 302 56TH AVE S

City
SAINT PETERSBURGState
FLZip Code
33705-5329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784589

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655970

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655978

Amount of Each Receipt this Period

9.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1013.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655979

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682938

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682940

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690188

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690189

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721229

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721231

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721233

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727625

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727630

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752357

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767658

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780159

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREEN, ROSALIND, , ,

Mailing Address 1203 CARDINAL ST NW

City
SALEMState
ORZip Code
97304-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782149

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENAWAY, DOUGLAS, , ,

Mailing Address 1116 LAMONT ST NW

City
WASHINGTONState
DCZip Code
20010-2425FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

351.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690192

Amount of Each Receipt this Period

351.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

376.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 766 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENBERG, BURTON, , ,

Mailing Address 1982 16TH AVE

City
SAN FRANCISCOState
CAZip Code
94116-1236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44670745

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENE, MICHAEL, , ,

Mailing Address 2314 SNOWFLAKE DR

City
ODENTONState
MDZip Code
21113-2235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44739057

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENHALGE, CHARLOTTE, , ,

Mailing Address 3740 COLDWATER DR

City
ROCKLINState
CAZip Code
95765-4611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662222

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655992**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655993**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655994**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678884**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690200**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787293**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791913**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENSPON, LAUREN, , ,

Mailing Address 695 EVERGREEN LN

City
PORT HUENEMEState
CAZip Code
93041-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARRIS IT SERVICESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801088**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENUP, SUSAN, , ,

Mailing Address 30740 CARNELIAN CT

City
LEBANONState
ORZip Code
97355-9233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAMARITAN LCHOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753821**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREENWAY, LUMINA, , ,Mailing Address 141 ELM ST
APT 103City
ANDOVERState
MAZip Code
01810-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721238

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREENWAY, LUMINA, , ,Mailing Address 141 ELM ST
APT 103City
ANDOVERState
MAZip Code
01810-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736972

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREGG, CHARLES, , ,

Mailing Address 8621 HARPS MILL RD

City
RALEIGHState
NCZip Code
27615-3885FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636297

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREGG, CHARLES, , ,

Mailing Address 8621 HARPS MILL RD

City
RALEIGHState
NCZip Code
27615-3885FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678885

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIECO, THOMAS, , ,

Mailing Address 37 BLUEBERRY HILL RD

City
REDDINGState
CTZip Code
06896-3303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767195

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRIFFIN, CLAIRE, , ,

Mailing Address 39 SMITHS NECK RD

City
OLD LYMEState
CTZip Code
06371-2619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTGOMERY COLLEGEOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678894

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRIFFITH, JULIE, , ,

Mailing Address 1267 SHERRY CT

City
SAN LEANDROState
CAZip Code
94577-6824FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755037

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIFFITH, SHELLEY, G., ,

Mailing Address 276 FAIRBANKS RD
APT 1City
FARMINGTONState
MEZip Code
04938-5750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723365

Amount of Each Receipt this Period

140.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRIJALVA, EMETT, , ,

Mailing Address 661 E DEODAR LN

City
LEMOOREState
CAZip Code
93245-2024FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723558

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

840.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRILLY, DAVID, , ,

Mailing Address 2461 HILLSIDE RD

City
SEVEN HILLSState
OHZip Code
44131-4432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CLEVELAND STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44682949

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRILLY, DAVID, , ,

Mailing Address 2461 HILLSIDE RD

City
SEVEN HILLSState
OHZip Code
44131-4432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CLEVELAND STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746287

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRIMALDI, KAREN, , ,

Mailing Address 132 JACKSONVILLE RD

City
POMPTON PLAINSState
NJZip Code
07444-1503FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BAYADA HOME HEALTH CAREOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711793

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRIMALDI, KAREN, , ,

Mailing Address 132 JACKSONVILLE RD

City
POMPTON PLAINSState
NJZip Code
07444-1503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BAYADA HOME HEALTH CAREOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752894

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIMAUD, MARIETTA, , ,

Mailing Address 4622 NAGLE AVE

City
SHERMAN OAKSState
CAZip Code
91423-3228FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WARNER BROSOccupation (for Individual)
COSTUME SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724135

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRIMM, NICOLE, , ,

Mailing Address 1407 ROXANNA RD NW

City
WASHINGTONState
DCZip Code
20012-1225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SKADDEN ARPSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786217

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRISSOM, GRANT, G., ,Mailing Address 535 GRADYVILLE RD
G109City
NEWTOWN SQUAREState
PAZip Code
19073-2812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702150**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRISSOM, PAM, , ,

Mailing Address 7230 N STAR FURY PL

City
TUCSONState
AZZip Code
85718-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782374**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRISWOLD, MARGOT, , ,

Mailing Address 3773 MOORE ST

City
LOS ANGELESState
CAZip Code
90066-3534FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAND IQ LLCOccupation (for Individual)
ECOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678901**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROSS, JENNIFER, , ,

Mailing Address 12230 205TH ST N

City
MARINE ON SAINT CROIXState
MNZip Code
55047-9655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44757442**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSS, KRISTA, , ,

Mailing Address 1255 SW HANNAH ST

City
PULLMANState
WAZip Code
99163-5258FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
REALOGICS SOTHEBYS INTERNATIONAL REALTOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44807071**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROSS, MARJORIE, E, ,

Mailing Address 2205 N MANNING ST

City
STILLWATERState
OKZip Code
74075-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OKLAHOMA STATE UNIVERSITYOccupation (for Individual)
VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733796**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROSS, MICHAEL, , ,

Mailing Address 6958 WATERMAN AVE

City
SAINT LOUISState
MOZip Code
63130-4332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON UNIVOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765077

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROSS, STANLEY, , ,

Mailing Address 620 SAND HILL RD
APT 413ECity
PALO ALTOState
CAZip Code
94304-2613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764867

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656034

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656035

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656036

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656037

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742921

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782977

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROT, RICHARD, , ,

Mailing Address 674 DAYRIDGE DR

City
DRIPPING SPRINGSState
TXZip Code
78620-2127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAGUS APPLIED TEHNOLOGYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788246

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROUNDWATER, BETH, , ,

Mailing Address PO BOX 6430

City
BRECKENRIDGEState
COZip Code
80424-6430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656039**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROUNDWATER, BETH, , ,

Mailing Address PO BOX 6430

City
BRECKENRIDGEState
COZip Code
80424-6430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44678903**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636333**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 781 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44636334

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44656040

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

645.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662247

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

895.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44670811

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44711822

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

905.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44711823

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1105.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732306**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762849**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769643**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

245.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787896

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798257

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GROVE, ERIC, , ,

Mailing Address 353 MAINSAIL DR

City
HAMPTONState
VAZip Code
23664-2207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799993

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUETSCHOW, GAIL, , ,Mailing Address 200 N 3RD ST
APT 704City
BOISEState
IDZip Code
83702-7253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760799**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUILFORD, RICHARD, E., ,

Mailing Address 3046 E GAINSBOROUGH RD

City
ORANGEState
CAZip Code
92869-5136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670836**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUILFORD, WILLIAM, JOSEPH, ,

Mailing Address 1881 ROBIN WHIPPLE WAY

City
BELMONTState
CAZip Code
94002-1852FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SHEPHERD PHARMAOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662259**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2412.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUNN, RANDOLPH, , ,Mailing Address 1526 S WABASH AVE
FL 2City
CHICAGOState
ILZip Code
60605-3281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NAVIGANTOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44807546**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUNTER, MARTHA, , ,

Mailing Address 2813 MARSHALL BLVD

City
SULLIVANS ISLANDState
SCZip Code
29482-8620FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662264**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUNTER, SUSAN, , ,

Mailing Address PO BOX 5291

City
CONCORDState
NCZip Code
28027-1504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711848**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 787 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUNTER, SUSAN, , ,

Mailing Address PO BOX 5291

City
CONCORDState
NCZip Code
28027-1504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738492

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUNZ, BETTY, , ,

Mailing Address 1409 MARYLAND AVE

City
CHARLOTTEState
NCZip Code
28209-1527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44746140

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUREWITZ, HAROLD, Z., ,

Mailing Address 1665 BALMORAL DR

City
DETROITState
MIZip Code
48203-1446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44681458

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 788 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUTMAN, PAUL, S, ,

Mailing Address 119 E 84TH ST
APT 8BCity
NEW YORKState
NYZip Code
10028-0941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARROLL GUIDO & GROFFMANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670858

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUTMAN, PAUL, S, ,

Mailing Address 119 E 84TH ST
APT 8BCity
NEW YORKState
NYZip Code
10028-0941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARROLL GUIDO & GROFFMANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670859

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GUTMAN, PAUL, S, ,

Mailing Address 119 E 84TH ST
APT 8BCity
NEW YORKState
NYZip Code
10028-0941FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARROLL GUIDO & GROFFMANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742770

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GUTMAN, PAUL, S, ,Mailing Address 119 E 84TH ST
APT 8BCity
NEW YORKState
NYZip Code
10028-0941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARROLL GUIDO & GROFFMANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788501

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GUTMAN, PAUL, S, ,Mailing Address 119 E 84TH ST
APT 8BCity
NEW YORKState
NYZip Code
10028-0941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARROLL GUIDO & GROFFMANOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791738

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GWALTNEY, SUSAN, , ,

Mailing Address 3504 VIRGO DR

City
PLANOState
TXZip Code
75074-7521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636368

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 790 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GWALTNEY, SUSAN, , ,

Mailing Address 3504 VIRGO DR

City
PLANOState
TXZip Code
75074-7521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678923**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GYZANDER, CAROL, , ,

Mailing Address 194 WYCKOFF AVE

City
WALDWICKState
NJZip Code
07463-1428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44721267**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAAS, COLLEEN, , ,

Mailing Address 69 CRECIENTA DR

City
SAUSALITOState
CAZip Code
94965-1882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44678925**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAAS, COLLEEN, , ,

Mailing Address 69 CRECIEN TA DR

City
SAUSALITOState
CAZip Code
94965-1882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44678926

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAAS, NORMAN, , ,

Mailing Address 3706 VICTORIA DR

City
MOUNT KISCOState
NYZip Code
10549-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751166

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAASE, RAYMOND, , ,

Mailing Address 302 N CHICAGO AVE

City
BRAZILState
INZip Code
47834-2027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727676

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 792 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HABEEB, WILLIAM, , ,

Mailing Address 1445 ROYALTON CT

City
MODESTOState
CAZip Code
95350-0702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711870**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HABERL, ARTHUR, W., ,

Mailing Address 45 CHESTNUT LN

City
NISKAYUNAState
NYZip Code
12309-1247FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44670869**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HABERLIN, JOHN, G., ,

Mailing Address 4779 TAPESTRY DR

City
FAIRFAXState
VAZip Code
22032-1919FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758816**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HACKBART, DENNIS, , ,

Mailing Address 11806 PLEASANT TREE DR

City
LITTLE ROCKState
ARZip Code
72211-1621FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44730837

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HACKETT, MELINDA, , ,

Mailing Address 50 W 12TH ST

City
NEW YORKState
NYZip Code
10011-8604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711874

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HACKETT, MELINDA, , ,

Mailing Address 50 W 12TH ST

City
NEW YORKState
NYZip Code
10011-8604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727678

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 794 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HACKETT, MELINDA, , ,

Mailing Address 50 W 12TH ST

City
NEW YORKState
NYZip Code
10011-8604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744738**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HACKETT, MELINDA, , ,

Mailing Address 50 W 12TH ST

City
NEW YORKState
NYZip Code
10011-8604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761579**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HACKETT, MELINDA, , ,

Mailing Address 50 W 12TH ST

City
NEW YORKState
NYZip Code
10011-8604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789354**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HADINGER, ALFRED, , ,

Mailing Address 14 BAYBERRY LN

City
BELLE MEADState
NJZip Code
08502-5816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711879

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAGAN, JILL, , ,

Mailing Address 612 ELIZABETH ST

City
EAST LANSINGState
MIZip Code
48823-3433FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771800

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAGEN-GILDEN, PETREA, , ,

Mailing Address 225 NW LAUREL ST

City
DUNDEEState
ORZip Code
97115-9519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697777

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAGER, SUSAN, , ,

Mailing Address 92 WOODRIDGE RD

City
WAYLANDState
MAZip Code
01778-3612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742408**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAGMAN, ILENE, , ,Mailing Address 6225 MINERAL POINT RD
APT A8City
MADISONState
WIZip Code
53705-4564FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732082**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAHN, JULIE, , ,

Mailing Address 24 ASHFIELD RD

City
ATHERTONState
CAZip Code
94027-3806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799729**

Amount of Each Receipt this Period

10000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44670882

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678939

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

316.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678940

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697780**

Amount of Each Receipt this Period

28.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704057**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAIGLER, DAVE, , ,

Mailing Address 11039 FERGUSON RD

City
DALLASState
TXZip Code
75228-2313FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOCIAL SECURITY ADMINOccupation (for Individual)
JUDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766386**

Amount of Each Receipt this Period

28.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAILEY, RICHARD, , ,

Mailing Address 6749 THOROUGHbred DR

City
INDIANAPOLISState
INZip Code
46278-1273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SEARCY DENNEYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681242**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAINES, BEVERLY, E., ,

Mailing Address 13125 SHALIMAR PL

City
DEL MARState
CAZip Code
92014-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731774**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAINES, CHARLES, , ,

Mailing Address 118 KINGSPPOINT DR

City
WILLIAMSBURGState
VAZip Code
23185-4459FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738240**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAINES, JUDITH, , ,

Mailing Address 16 COREOPSIS CT

City
SANTA FEState
NMZip Code
87508-2340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721277

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAJDARI, KLODIANA, , ,

Mailing Address 20121 181ST PL NE

City
WOODINVILLEState
WAZip Code
98077-8295FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEARST INCOccupation (for Individual)
PRINCIPAL SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751216

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALEY, MARGO, M., ,

Mailing Address 104 CYPRESS SPRINGS WAY

City
GEORGETOWNState
TXZip Code
78633-2189FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656100

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALEY, MARGO, M., ,

Mailing Address 104 CYPRESS SPRINGS WAY

City
GEORGETOWNState
TXZip Code
78633-2189FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711914

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, CAMILLE, , ,

Mailing Address 7175 NW MOUNTAIN VIEW DR

City
CORVALLISState
ORZip Code
97330-9118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44711925

Amount of Each Receipt this Period

105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, DAVID, H, ,

Mailing Address 4 CAVELL PL

City
WEST CALDWELLState
NJZip Code
07006-7902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALBERT EINSTEIN COLLEGE OF MEDICINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723961

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

605.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, HAROLD, , ,

Mailing Address 2775 HIGHWAY 218

City
CRAWFORDSVILLEState
IAZip Code
52621-9722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44656106

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, HAROLD, , ,

Mailing Address 2775 HIGHWAY 218

City
CRAWFORDSVILLEState
IAZip Code
52621-9722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44670901

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, HAROLD, , ,

Mailing Address 2775 HIGHWAY 218

City
CRAWFORDSVILLEState
IAZip Code
52621-9722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768549

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, JAMES, M., ,

Mailing Address 924 EVERETT ST

City
EL CERRITOState
CAZip Code
94530-2906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721281

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, JAMES, M., ,

Mailing Address 924 EVERETT ST

City
EL CERRITOState
CAZip Code
94530-2906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770117

Amount of Each Receipt this Period

13.67

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, JAMES, M., ,

Mailing Address 924 EVERETT ST

City
EL CERRITOState
CAZip Code
94530-2906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

729.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792995

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

528.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782276

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787461

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787803

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791937

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796082

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797641

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798663

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799633

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, JOHN, , ,

Mailing Address 3748 DAVIDSON PL

City
BOULDERState
COZip Code
80305-5533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HALL STABLE LASERS LLCOccupation (for Individual)
CONSULTING SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800730

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, KELLY, W., ,

Mailing Address 2451 N WALTER LEATHERS DR

City
ROCKVALEState
TNZip Code
37153-4467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REFLEXOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735740

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, KELLY, W., ,

Mailing Address 2451 N WALTER LEATHERS DR

City
ROCKVALEState
TNZip Code
37153-4467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REFLEXOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793182

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, RICHARD, , ,

Mailing Address 12128 GALENA RD

City
MASSEYState
MDZip Code
21650-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763175

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALL, ROBERT, , ,

Mailing Address 9 MONTICELLO CT

City
WOODSIDEState
CAZip Code
94062-4167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754729**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALL, ROBERT, , ,

Mailing Address 9 MONTICELLO CT

City
WOODSIDEState
CAZip Code
94062-4167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755468**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALL, ROBERT, , ,

Mailing Address 9 MONTICELLO CT

City
WOODSIDEState
CAZip Code
94062-4167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798350**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALLE, ENBORG, , ,

Mailing Address 39341 SPANISH BAY PL

City
DAVISState
CAZip Code
95616-7012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747204**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALLE, ENBORG, , ,

Mailing Address 39341 SPANISH BAY PL

City
DAVISState
CAZip Code
95616-7012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793782**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALPERN, HOWARD, J, ,Mailing Address 5336 S UNIVERSITY AVE
APT 2City
CHICAGOState
ILZip Code
60615-5131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636400**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALPERN, HOWARD, J, ,Mailing Address 5336 S UNIVERSITY AVE
APT 2City
CHICAGOState
ILZip Code
60615-5131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764275**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALPERN, HOWARD, J, ,Mailing Address 5336 S UNIVERSITY AVE
APT 2City
CHICAGOState
ILZip Code
60615-5131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787012**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALPIN, GEOFF, , ,

Mailing Address 1428 RASPBERRY AVE

City
ARROYO GRANDEState
CAZip Code
93420-6718FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721288**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HALTER, KATHRYN, , ,

Mailing Address 6268 TUCKER RD

City
CAMDENState
OHZip Code
45311-8797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721289**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HALTER, KATHRYN, , ,

Mailing Address 6268 TUCKER RD

City
CAMDENState
OHZip Code
45311-8797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787759**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HALTERMAN, HAROLD, , ,

Mailing Address 724 LEE AVE

City
FREDERICKSBURGState
VAZip Code
22401-5728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684631**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

338.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMBURG, STEVEN, , ,

Mailing Address 110 LLOYD AVE

City
PROVIDENCEState
RIZip Code
02906-1553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWN UNIVOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771917**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMEL, SANDRA, , ,

Mailing Address 2828 PRADO LN

City
DAVISState
CAZip Code
95618-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636405**

Amount of Each Receipt this Period

333.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMEL, SANDRA, , ,

Mailing Address 2828 PRADO LN

City
DAVISState
CAZip Code
95618-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
TRAINER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727694**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

838.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMILTON, JANET, , ,

Mailing Address 856 MATHEWS AVE

City
CHARLESTONState
WVZip Code
25302-2736FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44695232

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMILTON, WILLIAM, L., ,Mailing Address 7575 WILLOW CHASE BLVD
APT 4330City
HOUSTONState
TXZip Code
77070-5854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736904

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMILTON, WILLIAM, L., ,Mailing Address 7575 WILLOW CHASE BLVD
APT 4330City
HOUSTONState
TXZip Code
77070-5854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797765

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMETT, BENJAMIN, COWLES, ,

Mailing Address 301 LOWELL AVE

City
PALO ALTOState
CAZip Code
94301-3812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636410**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMMETT, BENJAMIN, COWLES, ,

Mailing Address 301 LOWELL AVE

City
PALO ALTOState
CAZip Code
94301-3812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768234**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMMOND, EDGAR, , ,

Mailing Address 307 MACLAREN LN

City
LAKE BLUFFState
ILZip Code
60044-2314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE ART INSTITUTE OF CHICAGOOccupation (for Individual)
SENIOR SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792201**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMONDS, JAMES, W, ,

Mailing Address 3259 BONITA MESA RD

City
BONITAState
CAZip Code
91902-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44670956**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMMONDS, JAMES, W, ,

Mailing Address 3259 BONITA MESA RD

City
BONITAState
CAZip Code
91902-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44670957**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMMONDS, JAMES, W, ,

Mailing Address 3259 BONITA MESA RD

City
BONITAState
CAZip Code
91902-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44711981**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMMONDS, JAMES, W, ,

Mailing Address 3259 BONITA MESA RD

City
BONITAState
CAZip Code
91902-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788318**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAMONDS, NATHAN, , ,

Mailing Address 7908 MAGNOLIA GLEN AVE

City
LAS VEGASState
NVZip Code
89128-6737FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665283**

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAMOSH, ADA, , ,

Mailing Address 1104 RYEGATE RD

City
TOWSONState
MDZip Code
21286-1745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNS HOPKINS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781730**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAMOSH, ADA, , ,

Mailing Address 1104 RYEGATE RD

City
TOWSONState
MDZip Code
21286-1745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNS HOPKINS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782519**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANAWALT, PHILIP, , ,Mailing Address 23500 CRISTO REY DR
UNIT 330FCity
CUPERTINOState
CAZip Code
95014-6529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANFORD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662311**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDEL, STANLEY, , ,

Mailing Address 8086 S YALE AVE

City
TULSAState
OKZip Code
74136-9003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GREATER HOUSTON PHYSICIANS PAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662315**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANDEL, STANLEY, , ,

Mailing Address 8086 S YALE AVE

City
TULSAState
OKZip Code
74136-9003FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GREATER HOUSTON PHYSICIANS PAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770419**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697831**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44711995**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44727702**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44742569**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44746444**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749806

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761365

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762304

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

41.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 821 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763470

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766830

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791378

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANDLEY, ANNE, , ,

Mailing Address 13572 HOLLYBROOK WAY

City
SAINT PAULState
MNZip Code
55124-6270FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799274

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANDLEY, KEN, W., ,

Mailing Address 4541 SHADOW DR

City
DECATURState
ILZip Code
62526-9331FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723510

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANDZIAK, CYNTHIA, , ,

Mailing Address 3325 W 10 MILE RD

City
DAFTERState
MIZip Code
49724-9613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732074

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

415.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANEY, WILMA, C, ,Mailing Address 15325 S LONE ELM RD
APT 4City
OLATHEState
KSZip Code
66061-5417FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706740**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANNA, MEGAN, , ,

Mailing Address 112 SCHOOL ST

City
TILTONState
NHZip Code
03276-5754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740459**

Amount of Each Receipt this Period

240.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANNING, ILSE, E., ,

Mailing Address 8458 MOUNT VERNON ST

City
LEMON GROVEState
CAZip Code
91945-3325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769937**

Amount of Each Receipt this Period

56.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

596.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANSBERGER, SANDRA, , ,Mailing Address 1260 NW NAITO PKWY
UNIT 201City
PORTLANDState
ORZip Code
97209-3150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAMPAIGN FOR EQUAL JUSTICEOccupation (for Individual)
NON-PROFIT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44678970

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANSBERGER, SANDRA, , ,Mailing Address 1260 NW NAITO PKWY
UNIT 201City
PORTLANDState
ORZip Code
97209-3150FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAMPAIGN FOR EQUAL JUSTICEOccupation (for Individual)
NON-PROFIT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742929

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HANSON, DOUG, , ,

Mailing Address 3920 SW 314TH ST

City
FEDERAL WAYState
WAZip Code
98023-2147FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BOEING COMPANYOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746026

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HANSON, DOUG, , ,

Mailing Address 3920 SW 314TH ST

City
FEDERAL WAYState
WAZip Code
98023-2147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE BOEING COMPANYOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763041**

Amount of Each Receipt this Period

50.10

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HANSON, MARK, , ,

Mailing Address 50820 MANDARINA

City
LA QUINTAState
CAZip Code
92253-4589FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IRELL & MANELLA LLPOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787505**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARDIN, ALLAIN, , ,

Mailing Address 3203 PRYTANIA ST

City
NEW ORLEANSState
LAZip Code
70115-3416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753775**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2150.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 826 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARDING, KERSTIN, , ,

Mailing Address 4904 CANELLA DR

City
AUSTINState
TXZip Code
78744-6454FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CITY OF ROUND ROCKOccupation (for Individual)
URBAN PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753237

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARE, BETTY, J., ,

Mailing Address 895 RIVA RIDGE BLVD

City
GAHANNAState
OHZip Code
43230-1839FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723399

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARMAN, CHERYL, , ,

Mailing Address 1134 ISLAND DR

City
DELRAY BEACHState
FLZip Code
33483-7122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690312

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARMON, MEG, , ,

Mailing Address 607 GOODHILL RD

City
KENTFIELDState
CAZip Code
94904-2642FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754627

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARMON, MEG, , ,

Mailing Address 607 GOODHILL RD

City
KENTFIELDState
CAZip Code
94904-2642FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756693

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARMON, MERRILEE, , ,

Mailing Address 5807 MOUNT ROCKWOOD CIR

City
WACOState
TXZip Code
76710-1220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DUNNAM & DUNNAM LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801707

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 828 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARPER, CLINT, , ,

Mailing Address 4044 OAK GLEN CT

City
MOORPARKState
CAZip Code
93021-2905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704097

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARPER, JACQUE, , ,

Mailing Address PO BOX 2211

City
BREWSTERState
MAZip Code
02631-8211FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656177

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARPER, ROBERT, C., ,Mailing Address 51 5TH AVE
APT 5ACity
NEW YORKState
NYZip Code
10003-4326FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686272

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARR, CATHY, , ,Mailing Address **44 RIDGE RD**
UNIT MCity
GREENBELTState
MDZip Code
20770-7729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KINGSBURYOccupation (for Individual)
TUTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

02 / 20 / 2025**Transaction ID : 44732556**

Amount of Each Receipt this Period

20.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARR, CATHY, , ,Mailing Address **44 RIDGE RD**
UNIT MCity
GREENBELTState
MDZip Code
20770-7729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KINGSBURYOccupation (for Individual)
TUTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

02 / 26 / 2025**Transaction ID : 44764616**

Amount of Each Receipt this Period

5.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRELL, JERRY, TRENT, ,Mailing Address **2201 SW 156TH ST**City
BURIENState
WAZip Code
98166-2050FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 06 / 2025**Transaction ID : 44665742**

Amount of Each Receipt this Period

300.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**325.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRINGTON, CHARLENE, , ,

Mailing Address 51 BONNIE LN

City
BERKELEYState
CAZip Code
94708-1311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIV OF CALIFORNIA SAN FRANCISCOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686712**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRINGTON, JUDY, , ,

Mailing Address 18027 JUDICIAL WAY S

City
LAKEVILLEState
MNZip Code
55044-8895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2025**Transaction ID : 44747450**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRINGTON, PEGGY, , ,

Mailing Address 497 MILLEDGE TER

City
ATHENSState
GAZip Code
30606-4941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44636468**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRINGTON, PEGGY, , ,

Mailing Address 497 MILLEDGE TER

City
ATHENSState
GAZip Code
30606-4941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44697872

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, JENNIFER, M., ,

Mailing Address 269 AUBURNDAL AVE

City
AUBURNDAL EState
MAZip Code
02466-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44697883

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRIS, JENNIFER, M., ,

Mailing Address 269 AUBURNDAL AVE

City
AUBURNDAL EState
MAZip Code
02466-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712099

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRIS, LAWRIE, R., ,

Mailing Address 4001 FOXHOUND DR

City
LAFAYETTE HILLState
PAZip Code
19444-1014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767799

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, MEGAN, , ,

Mailing Address 1302 ALGONO RD

City
AUSTINState
TXZip Code
78757-3414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769606

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRIS, MEGAN, , ,

Mailing Address 1302 ALGONO RD

City
AUSTINState
TXZip Code
78757-3414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

438.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781556

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

719.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRIS, ROSS, J., ,

Mailing Address 75 HAMILTON AVE

City
JAMESTOWNState
RIZip Code
02835-1274FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636476

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, WALTER, P., ,

Mailing Address 934 CHARTER CIR

City
ELKINS PARKState
PAZip Code
19027-1614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694295

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, CHARLOTTE, , ,

Mailing Address 141 OXFORD ST
APT 11City
CAMBRIDGEState
MAZip Code
02140-1541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671025

Amount of Each Receipt this Period

7500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, JANICE, , ,

Mailing Address 426 CHAPEL HARBOR DR

City
PITTSBURGHState
PAZip Code
15238-6153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697891**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, JOANNE, , ,Mailing Address 900 SW 31ST ST
APT 105City
TOPEKAState
KSZip Code
66611-2194FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735530**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, JOANNE, , ,Mailing Address 900 SW 31ST ST
APT 105City
TOPEKAState
KSZip Code
66611-2194FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756540**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

605.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, JOANNE, , ,Mailing Address 900 SW 31ST ST
APT 105City
TOPEKAState
KSZip Code
66611-2194FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756761**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRISON, JOHN, , ,

Mailing Address 340 MOUNTAIN LN

City
GURLEYState
ALZip Code
35748-8713FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747451**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRISON, NINA, , ,

Mailing Address 442 CASANOVA AVE

City
MONTEREYState
CAZip Code
93940-4028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665921**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

755.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRISON, STANLEY, , ,Mailing Address **PO BOX 563**City
BETHLEHEMState
NHZip Code
03574-0563FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44744896**

Amount of Each Receipt this Period

75.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRY, DEBORAH, , ,Mailing Address **405 W 23RD ST
APT 7AB**City
NEW YORKState
NYZip Code
10011-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SINGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

02 / 13 / 2025**Transaction ID : 44697897**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARRY, DEBORAH, , ,Mailing Address **405 W 23RD ST
APT 7AB**City
NEW YORKState
NYZip Code
10011-1404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SINGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

02 / 19 / 2025**Transaction ID : 44727737**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025****SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**105.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARRY, DEBORAH, , ,

Mailing Address 405 W 23RD ST
APT 7ABCity
NEW YORKState
NYZip Code
10011-1404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SINGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44757135

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARSHBARGER, MARTA, , ,

Mailing Address 32233 8TH AVE SW

City
FEDERAL WAYState
WAZip Code
98023-5521FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671036

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

418.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44656216

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656217

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656218

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656219

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656220

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656221

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697906

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

64.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712134

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727741

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755303

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

39.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARTLEY, CURT, , ,

Mailing Address AM TEGELER HAFEN
4City
BERLIN 13507 GERMANYState
ZZZip Code
00000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770548

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARTMAN, JOHN, A., ,

Mailing Address 12105 BEAUFAIT AVE

City
PORTER RANCHState
CAZip Code
91326-1101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656224

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARVEY, CAROL, , ,

Mailing Address 4367 S MIAMI TRL

City
MONTICELLOState
INZip Code
47960-7673FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697909

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARVEY, CAROL, , ,

Mailing Address 4367 S MIAMI TRL

City
MONTICELLOState
INZip Code
47960-7673FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738719**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARVEY, LARAINÉ, , ,

Mailing Address PO BOX 605

City
WOODSTOCKState
VTZip Code
05091-0605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647565**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARVEY, LARAINÉ, , ,

Mailing Address PO BOX 605

City
WOODSTOCKState
VTZip Code
05091-0605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44697910**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARVEY, LARAINÉ, , ,

Mailing Address PO BOX 605

City
WOODSTOCKState
VTZip Code
05091-0605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712147

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARVEY, LARAINÉ, , ,

Mailing Address PO BOX 605

City
WOODSTOCKState
VTZip Code
05091-0605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755791

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARVEY, LARAINÉ, , ,

Mailing Address PO BOX 605

City
WOODSTOCKState
VTZip Code
05091-0605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787699

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HARWOOD, RAMONA, EILEEN, ,

Mailing Address 1712 TREVITT ST

City
THE DALLESState
ORZip Code
97058-1660FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NWASCO D#21Occupation (for Individual)
MUSIC EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761346**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARWOOD, RAMONA, EILEEN, ,

Mailing Address 1712 TREVITT ST

City
THE DALLESState
ORZip Code
97058-1660FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NWASCO D#21Occupation (for Individual)
MUSIC EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797129**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASAN, SAFIUL, , ,

Mailing Address 1208 HIDDEN LAKE DR

City
BLOOMFIELD HILLSState
MIZip Code
48302-1955FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770977**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASLER, MARTA, , ,

Mailing Address 5923 TRAILSIDE LOOP

City
PARK CITYState
UTZip Code
84098-6182FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HIREVUEOccupation (for Individual)
CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724394**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HASSAN, GENE, M, ,

Mailing Address 1313 COTA AVE

City
TORRANCEState
CAZip Code
90501-2512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDLORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656241**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASSAN, GENE, M, ,

Mailing Address 1313 COTA AVE

City
TORRANCEState
CAZip Code
90501-2512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDLORD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44679000**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTER, JEANE, , ,

Mailing Address 4119 SE MALDEN ST

City
PORTLANDState
ORZip Code
97202-7934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642913**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HASTINGS, THOMAS, N., ,

Mailing Address 809 N DIANTHUS ST

City
MANHATTAN BEACHState
CAZip Code
90266-5909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749279**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HASTINGS, THOMAS, N., ,

Mailing Address 809 N DIANTHUS ST

City
MANHATTAN BEACHState
CAZip Code
90266-5909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751796**

Amount of Each Receipt this Period

127.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

177.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HASTINGS, THOMAS, N., ,

Mailing Address 809 N DIANTHUS ST

City
MANHATTAN BEACHState
CAZip Code
90266-5909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752364

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HATHAWAY, CLARK, , ,

Mailing Address 124 OAKWOOD CIR

City
BRIDGEPORTState
WVZip Code
26330-1071FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694270

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HATHAWAY, KATE, , ,

Mailing Address 2831 ELLICOTT ST NW

City
WASHINGTONState
DCZip Code
20008-1020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704129

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HATHAWAY, KATE, , ,

Mailing Address 2831 ELLICOTT ST NW

City
WASHINGTONState
DCZip Code
20008-1020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704130**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HATSOPOULOS, DAPHNE, , ,

Mailing Address 233 TOWER RD

City
LINCOLNState
MAZip Code
01773-4329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681552**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAURY, JESSICA, D, ,

Mailing Address 165 COPPER CLIFFS LN

City
SEDONAState
AZZip Code
86336-6215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712181**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAURY, JESSICA, D, ,

Mailing Address 165 COPPER CLIFFS LN

City
SEDONAState
AZZip Code
86336-6215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704134

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAURY, JESSICA, D, ,

Mailing Address 165 COPPER CLIFFS LN

City
SEDONAState
AZZip Code
86336-6215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755551

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAURY, JESSICA, D, ,

Mailing Address 165 COPPER CLIFFS LN

City
SEDONAState
AZZip Code
86336-6215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756151

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAUSE, CLYDE, , ,

Mailing Address 1271 SADDLEBROOK LN

City
WOODBURYState
MNZip Code
55125-8823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736772

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAUSE, CLYDE, , ,

Mailing Address 1271 SADDLEBROOK LN

City
WOODBURYState
MNZip Code
55125-8823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739854

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAVILAND, MAX, , ,

Mailing Address 261 OLD BILLERICA RD

City
BEDFORDState
MAZip Code
01730-1275FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITIZENS BANKOccupation (for Individual)
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636528

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAVILAND, MAX, , ,

Mailing Address 261 OLD BILLERICA RD

City
BEDFORDState
MAZip Code
01730-1275FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITIZENS BANKOccupation (for Individual)
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712187

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAVILAND, MAX, , ,

Mailing Address 261 OLD BILLERICA RD

City
BEDFORDState
MAZip Code
01730-1275FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITIZENS BANKOccupation (for Individual)
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712188

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAVLIK, HUGH, , ,

Mailing Address 1422 AKEN ST

City
PT CHARLOTTEState
FLZip Code
33952-2932FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44684640

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWK, GRETCHEN, , ,

Mailing Address 9311 PALM ISLAND CIR

City
N FT MYERSState
FLZip Code
33903-5251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685817

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWKES, ANN, , ,

Mailing Address 1096 LA VISTA RD

City
SANTA BARBARAState
CAZip Code
93110-1235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731682

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWKES, ANN, , ,

Mailing Address 1096 LA VISTA RD

City
SANTA BARBARAState
CAZip Code
93110-1235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765681

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656257**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690363**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737299**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742943**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766196**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWKINS, BILL, , ,

Mailing Address 89 UNION ST

City
NORFOLKState
MAZip Code
02056-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786264**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWKINS, COLE, C., ,

Mailing Address PO BOX 331

City
LEE VININGState
CAZip Code
93541-0331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636536**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWKINS, VICTORIA, L., ,Mailing Address 442 W 57TH ST
APT 1KCity
NEW YORKState
NYZip Code
10019-1853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYCOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792835**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWLEY, FREDERIC, , ,

Mailing Address 14258 N 33RD AVE

City
PHOENIXState
AZZip Code
85053-5665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759573**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWLEY, JAMES, , ,

Mailing Address 1218 DONINGTON DR

City
SAN JOSEState
CAZip Code
95129-4061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOCKHEED MARTINOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44697932

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWLEY, JAMES, , ,

Mailing Address 1218 DONINGTON DR

City
SAN JOSEState
CAZip Code
95129-4061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOCKHEED MARTINOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801644

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAWORTH, HUGH, , ,

Mailing Address 3908 LOCUST LN

City
ALEXANDRIAState
VAZip Code
22310-2172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USAIDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44636544

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAWRANEY, GAIL, , ,

Mailing Address 142 WILLOW DR

City
NEWTOWNState
PAZip Code
18940-2460FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729212**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAWRANEY, GAIL, , ,

Mailing Address 142 WILLOW DR

City
NEWTOWNState
PAZip Code
18940-2460FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748549**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYASHI, DONALD, L, ,

Mailing Address 1133 WOODLAND MEADOWS DR

City
VANDALIAState
OHZip Code
45377-1567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WESLEY COMMUNITY CENTEROccupation (for Individual)
DIRECTOR OF DEVELOPMENT & FIN.

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

364.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679009**

Amount of Each Receipt this Period

97.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

547.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYASHI, DONALD, L., ,

Mailing Address 1133 WOODLAND MEADOWS DR

City
VANDALIAState
OHZip Code
45377-1567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WESLEY COMMUNITY CENTEROccupation (for Individual)
DIRECTOR OF DEVELOPMENT & FIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762087**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYDEN, ANNE, W., ,

Mailing Address 342 SUDBURY RD

City
CONCORDState
MAZip Code
01742-3425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636548**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYDEN, ANNE, W., ,

Mailing Address 342 SUDBURY RD

City
CONCORDState
MAZip Code
01742-3425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755289**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYDEN, LYN, , ,

Mailing Address 129 BROWN ST

City
PROVIDENCEState
RIZip Code
02906-1541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44642925

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYDEN, LYN, , ,

Mailing Address 129 BROWN ST

City
PROVIDENCEState
RIZip Code
02906-1541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679011

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYDEN, LYN, , ,

Mailing Address 129 BROWN ST

City
PROVIDENCEState
RIZip Code
02906-1541FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697937

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYDEN, LYN, , ,

Mailing Address 129 BROWN ST

City
PROVIDENCEState
RIZip Code
02906-1541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739714**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYDEN, LYN, , ,

Mailing Address 129 BROWN ST

City
PROVIDENCEState
RIZip Code
02906-1541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786992**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, CAROLYN, L., ,Mailing Address 949 LAKE ST
APT 2GCity
OAK PARKState
ILZip Code
60301-1275FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COOK COUNTY LAW LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781997**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

201.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, CARY, , ,

Mailing Address 6226 31ST AVE NE

City
SEATTLEState
WAZip Code
98115-7212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712209**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, JAMES, J., ,

Mailing Address 4672 DESMOND CIR

City
OCEANSIDEState
CAZip Code
92056-4963FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693611**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, JIM, , ,

Mailing Address 26003 JOVE CT

City
MISSION VIEJOState
CAZip Code
92691-4729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764334**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, ROBERT EMMET, , ,

Mailing Address 6 DANECCA DR

City
WHITMANState
MAZip Code
02382-1257FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MASSACHUSETTS BAY ASSOCIATESOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656264**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44697941**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44697942**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712204

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712205

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712206

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712215**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727761**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750692**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763196

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYES, SYBLE, , ,Mailing Address 6133 KANTOR ST
APT 223City
SAN DIEGOState
CAZip Code
92122-3853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770428

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HAYS, JAMES, , ,

Mailing Address 1733 CAMPBELL AVE

City
SAN JOSEState
CAZip Code
95125-5507FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671106

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

122.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 866 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HAYS, SUSAN, , ,

Mailing Address 944 VINTAGE WAY

City
LOS ALAMOSState
CAZip Code
93440-5029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE HAMPTON FOUNDATIONOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44656279

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HAYS, SUSAN, , ,

Mailing Address 944 VINTAGE WAY

City
LOS ALAMOSState
CAZip Code
93440-5029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE HAMPTON FOUNDATIONOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662387

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712233

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704147

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721380

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751739

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 868 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754953**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763548**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEAD, CHARLES, , ,

Mailing Address 5232 PAXTON CT

City
FREMONTState
CAZip Code
94536-7016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785568**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEAD, WILLIAM, , ,

Mailing Address 5600 ROSWELL RD

City
SANDY SPRINGSState
GAZip Code
30342-1150FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44642932**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEADRICK, MARY, , ,

Mailing Address 7 SCHOOL HOUSE LN

City
BRIDGETONState
NJZip Code
08302-5728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728901**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEADRICK, MARY, , ,

Mailing Address 7 SCHOOL HOUSE LN

City
BRIDGETONState
NJZip Code
08302-5728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729223**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEALEY, GRACE, , ,

Mailing Address 6 SEAVER ST

City
NORTH EASTONState
MAZip Code
02356-1520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712235

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEALY, CHARLOTTE, W, ,

Mailing Address 18920 QUAIL CT

City
FORT BRAGGState
CAZip Code
95437-6210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724111

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATH, ALETTA, , ,

Mailing Address 801 HUNTINGTON AVE

City
WARRENState
INZip Code
46792-9402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

219.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656291

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEATH, ALETTA, , ,

Mailing Address 801 HUNTINGTON AVE

City
WARRENState
INZip Code
46792-9402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679022

Amount of Each Receipt this Period

9.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATHER, SHELTON, , ,

Mailing Address 6450 SUMAC RD

City
FORT WORTHState
TXZip Code
76116-8131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LONE STAR MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671122

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATHER, SHELTON, , ,

Mailing Address 6450 SUMAC RD

City
FORT WORTHState
TXZip Code
76116-8131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LONE STAR MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44697958

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

284.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEATHER, SHELTON, , ,

Mailing Address 6450 SUMAC RD

City
FORT WORTHState
TXZip Code
76116-8131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LONE STAR MEDICAL GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762474

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATON, KATE, , ,

Mailing Address 129 LINCOLN AVE

City
MANCHESTER CENTERState
VTZip Code
05255-9505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THMOccupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671125

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671126

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671127

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712241

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712243

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

62.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712244

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712245

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712246

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

27.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712247

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745498

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEATON, KEVIN, , ,

Mailing Address 10247 CAMINITO SURABAYA

City
SAN DIEGOState
CAZip Code
92131-1632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762693

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 876 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEBEL, MARIANNE, , ,

Mailing Address 10015 W LAKEVIEW CT

City
PALOS PARKState
ILZip Code
60464-1610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788901**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEBERLEIN, ROGER, , ,

Mailing Address 1615 GRAND HERITAGE BLVD

City
VALRICOState
FLZip Code
33594-2952FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735718**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEDRICK, DONINE, , ,

Mailing Address 722 VALENCIA AVE

City
DAVISState
CAZip Code
95616-0153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744250**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEDRICK, KAREN, S., ,

Mailing Address 2204 ARROYNA PL

City
WOODLANDState
CAZip Code
95776-5556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681812**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEGARTY, TERRENCE, K., ,

Mailing Address 5 BAYBROOK LN

City
OAK BROOKState
ILZip Code
60523-1606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730994**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEIER, ELIZABETH, J., ,

Mailing Address 1001 BROOKE DR

City
WAYNEState
NEZip Code
68787-1246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760458**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEINZ, GRETE, , ,

Mailing Address 24710 UPPER TRL

City
CARMELState
CAZip Code
93923-8343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772205

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HELLER, MIRANDA, , ,Mailing Address 16133 VENTURA BLVD
STE 545City
ENCINOState
CAZip Code
91436-2411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIMROSE HILLOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712290

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELLER, MIRANDA, , ,Mailing Address 16133 VENTURA BLVD
STE 545City
ENCINOState
CAZip Code
91436-2411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIMROSE HILLOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734484

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

838.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HELLER, MIRANDA, , ,Mailing Address 16133 VENTURA BLVD
STE 545City
ENCINOState
CAZip Code
91436-2411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIMROSE HILLOccupation (for Individual)
PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

926.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750952

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HELM, WILLIAM, , ,

Mailing Address 2222 MOORE AVE

City

SAN DIEGO

State

CA

Zip Code

92145-5114

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781094

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELM, WILLIAM, , ,

Mailing Address 2222 MOORE AVE

City

SAN DIEGO

State

CA

Zip Code

92145-5114

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800092

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 880 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HELMIC, NANCY, RAE, ,

Mailing Address 8325 NEWELLS LN

City
PORTAGEState
MIZip Code
49002-5629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793154**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HELMS, MARY, , ,Mailing Address 9840 MONTGOMERY RD
APT 3330City
MONTGOMERYState
OHZip Code
45242-6262FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723967**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELTON, LINDA, , ,

Mailing Address 7000 MEADOW LAKE AVE

City
DALLASState
TXZip Code
75214-3522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704162**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HELVEY, RODNEY, , ,

Mailing Address 8147 ELPHICK LN

City
SEBASTOPOLState
CAZip Code
95472-4762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

Transaction ID : 44738932

Amount of Each Receipt this Period

100.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HELVEY, RODNEY, , ,

Mailing Address 8147 ELPHICK LN

City
SEBASTOPOLState
CAZip Code
95472-4762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

Transaction ID : 44743743

Amount of Each Receipt this Period

100.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HELVEY, RODNEY, , ,

Mailing Address 8147 ELPHICK LN

City
SEBASTOPOLState
CAZip Code
95472-4762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44755614

Amount of Each Receipt this Period

10.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025****SUBTOTAL** of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEMER, MICHAEL, , ,

Mailing Address 2400 WHITE HORSE TRL

City
AUSTINState
TXZip Code
78757-2743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732223

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEMLOCK, DANA, , ,

Mailing Address 11590 AIR VIEW LN

City
GREAT FALLSState
VAZip Code
22066-1156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671162

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEMMINGS, RICHARD, , ,

Mailing Address 18 RYANS WAY

City
ITHACAState
NYZip Code
14850-8500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724470

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690387**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690388**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712303**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 884 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727789

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727790

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751608

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERSON, BONNIE, , ,

Mailing Address 809 SEVEN DEVILS RD

City
RIGGINSState
IDZip Code
83549-5005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767547

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDERSON, FRANCIS, N., ,Mailing Address 130 RIVER LANDING DR
UNIT 2208City
DANIEL ISLANDState
SCZip Code
29492-7403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCIENTIFIC RESEARCH CORPOccupation (for Individual)
SR SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766250

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENDERSON, FRANCIS, N., ,Mailing Address 130 RIVER LANDING DR
UNIT 2208City
DANIEL ISLANDState
SCZip Code
29492-7403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCIENTIFIC RESEARCH CORPOccupation (for Individual)
SR SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766856

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERSON, FRANCIS, N., ,Mailing Address 130 RIVER LANDING DR
UNIT 2208City
DANIEL ISLANDState
SCZip Code
29492-7403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCIENTIFIC RESEARCH CORPOccupation (for Individual)
SR SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767238

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDERSON, MARIE, , ,

Mailing Address 25 S LAKEVIEW RD

City
NORTONState
MAZip Code
02766-1503FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662415

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENDERSON, NORMAN, D., ,

Mailing Address 116 SHIPHERD CIR

City
OBERLINState
OHZip Code
44074-1327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44697986

Amount of Each Receipt this Period

135.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDERSON, NORMAN, D., ,

Mailing Address 116 SHIPHERD CIR

City
OBERLINState
OHZip Code
44074-1327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755062**

Amount of Each Receipt this Period

180.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDRIX, NANCY, , ,

Mailing Address 13330 HIGHLAND CHASE PL

City
FORT MYERSState
FLZip Code
33913-7804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDISON COMMUNITY COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736291**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENDRIX, NANCY, , ,

Mailing Address 13330 HIGHLAND CHASE PL

City
FORT MYERSState
FLZip Code
33913-7804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDISON COMMUNITY COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736678**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 888 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDRIX, NANCY, , ,

Mailing Address 13330 HIGHLAND CHASE PL

City
FORT MYERSState
FLZip Code
33913-7804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDISON COMMUNITY COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745000**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENLEY, DONALD, , ,

Mailing Address 10960 WILSHIRE BLVD

City
LOS ANGELESState
CAZip Code
90024-3702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PERFORMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4105.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786019**

Amount of Each Receipt this Period

1105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENRICKS, JOYCE, , ,

Mailing Address 1005 GLEN AVE

City
MT PLEASANTState
MIZip Code
48858-3702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758842**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENRY, STEPHEN, , ,

Mailing Address 1695 NILDA AVE

City
MOUNTAIN VIEWState
CAZip Code
94040-3712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAMSUNG AUSTIN R&D CENTEROccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44647603**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENRY, STEPHEN, , ,

Mailing Address 1695 NILDA AVE

City
MOUNTAIN VIEWState
CAZip Code
94040-3712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAMSUNG AUSTIN R&D CENTEROccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44788542**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HENRY, STEPHEN, , ,

Mailing Address 1695 NILDA AVE

City
MOUNTAIN VIEWState
CAZip Code
94040-3712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAMSUNG AUSTIN R&D CENTEROccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799218**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 890 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENRY-CORRINGTON, SARA, , ,

Mailing Address 345 CHESTNUT HILL RD

City
WOODSTOCKState
NYZip Code
12498-2421FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759293**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEPPEL, C, SCOTT, ,

Mailing Address 6530 OAK ESTATES DR

City
MEMPHISState
TNZip Code
38119-6608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671195**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEPPEL, C, SCOTT, ,

Mailing Address 6530 OAK ESTATES DR

City
MEMPHISState
TNZip Code
38119-6608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671196**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 891 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEPPEL, C, SCOTT, ,

Mailing Address 6530 OAK ESTATES DR

City
MEMPHISState
TNZip Code
38119-6608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750960**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEPPEL, C, SCOTT, ,

Mailing Address 6530 OAK ESTATES DR

City
MEMPHISState
TNZip Code
38119-6608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770003**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERBST, DEBORAH, , ,

Mailing Address 2917 THREE ACRES LN

City
SAINT LOUISState
MOZip Code
63125-3931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636627**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERBST, DEBORAH, , ,

Mailing Address 2917 THREE ACRES LN

City
SAINT LOUISState
MOZip Code
63125-3931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712346

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERBST, DEBORAH, , ,

Mailing Address 2917 THREE ACRES LN

City
SAINT LOUISState
MOZip Code
63125-3931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721405

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERBST, DEBORAH, , ,

Mailing Address 2917 THREE ACRES LN

City
SAINT LOUISState
MOZip Code
63125-3931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736207

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERBST, ROGER, , ,

Mailing Address 2272 FAIRHILL LN

City
SAN JOSEState
CAZip Code
95125-4928FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647606**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERLICH, THELMA, L., ,

Mailing Address 116 HAVERFORD CIR

City
PITTSBURGHState
PAZip Code
15228-2380FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEDIATRIC SOUTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736148**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERLICH, THELMA, L., ,

Mailing Address 116 HAVERFORD CIR

City
PITTSBURGHState
PAZip Code
15228-2380FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEDIATRIC SOUTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797827**

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERRON, KENNETH, , ,

Mailing Address 22740 VAN BUREN ST

City
GRAND TERRACEState
CAZip Code
92313-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690413**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERRON, KENNETH, , ,

Mailing Address 22740 VAN BUREN ST

City
GRAND TERRACEState
CAZip Code
92313-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741066**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERRON, KENNETH, , ,

Mailing Address 22740 VAN BUREN ST

City
GRAND TERRACEState
CAZip Code
92313-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755201**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERRON, KENNETH, , ,

Mailing Address 22740 VAN BUREN ST

City
GRAND TERRACEState
CAZip Code
92313-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756417

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERRON, KENNETH, , ,

Mailing Address 22740 VAN BUREN ST

City
GRAND TERRACEState
CAZip Code
92313-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787588

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERRON, LINDA, , ,

Mailing Address 16207 MORGAN RUN

City
MISSOURI CITYState
TXZip Code
77489-8009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765577

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

321.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 896 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERRSTROM, CONSTANCE, , ,

Mailing Address PO BOX 219

City
ROOSEVELTState
NJZip Code
08555-0219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PREMIER FINANCIAL PLANNING INCOccupation (for Individual)
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712380**

Amount of Each Receipt this Period

234.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERRSTROM, CONSTANCE, , ,

Mailing Address PO BOX 219

City
ROOSEVELTState
NJZip Code
08555-0219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PREMIER FINANCIAL PLANNING INCOccupation (for Individual)
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743148**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERRSTROM, CONSTANCE, , ,

Mailing Address PO BOX 219

City
ROOSEVELTState
NJZip Code
08555-0219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PREMIER FINANCIAL PLANNING INCOccupation (for Individual)
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799388**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

359.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERSCH, JOHN, , ,

Mailing Address 3211 HYDE PARK AVE

City
CLEVELAND HEIGHTSState
OHZip Code
44118-2131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UAW LEGAL SERVICED PLANSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679054

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERSETH, LARS, , ,

Mailing Address 39949 114TH ST

City
HOUGHTONState
SDZip Code
57449-6501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647619

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERSEY, ANDREW, , ,

Mailing Address 6889 WINDWOOD DR

City
WEST CHESTERState
OHZip Code
45241-4107FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STAR ONE REAL ESTATE, INCOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44807058

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 898 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERSHEY, CHERYL, , ,

Mailing Address 3959 POINT OF ROCKS RD

City
JEFFERSONState
MDZip Code
21755-7513FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

JOHN R. HERSHEY AND ANNA L. HERSHEY FA

Occupation (for Individual)

CHARITABLE FOUNDATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780241

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HERSHEY, CHERYL, , ,

Mailing Address 3959 POINT OF ROCKS RD

City
JEFFERSONState
MDZip Code
21755-7513FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

JOHN R. HERSHEY AND ANNA L. HERSHEY FA

Occupation (for Individual)

CHARITABLE FOUNDATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798527

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERSHEY, LOWELL, , ,Mailing Address 470 W END AVE
NUM 9ECity
NEW YORKState
NYZip Code
10024-4933FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763270

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 899 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERZOG, MARTIN, , ,Mailing Address 1720 S BELLAIRE ST
STE 1209City
DENVERState
COZip Code
80222-4336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
J. HERZOG & SONS INC.Occupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795794**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESS, HOWARD, , ,

Mailing Address 300 WOODLAND AVE

City

WINNETKA

State

IL

Zip Code

60093-4244

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBMOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761552**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESS, HOWARD, , ,

Mailing Address 300 WOODLAND AVE

City

WINNETKA

State

IL

Zip Code

60093-4244

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBMOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785577**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 900 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656352**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662441**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683103**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 901 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HESS, MARGARET, , ,

Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712392

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESS, MARGARET, , ,

Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704187

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESS, MARGARET, , ,

Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704188

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751544**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784068**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESS, MARGARET, , ,Mailing Address 2200 SCENIC HWY
J3City
PENSACOLAState
FLZip Code
32503-6678FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797260**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HESSELGESSER, JOEY, L., ,

Mailing Address PO BOX 317

City
CENTRAL CITYState
NEZip Code
68826-0317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722186**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HESTER, DIANE, , ,

Mailing Address 381 OLIVER DR

City
NEW SMYRNAState
FLZip Code
32168-8235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BUSINESS OWNEROccupation (for Individual)
SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723506**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HESTER, TOM, , ,

Mailing Address 6313 BAKMAN AVE

City
VALLEY GLENState
CAZip Code
91606-3610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798322**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEUPLER, FREDERICK, A., ,

Mailing Address 1 LAUREL LAKE DR

City
HUDSONState
OHZip Code
44236-2139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724846**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HEUPLER, FREDERICK, A., ,

Mailing Address 1 LAUREL LAKE DR

City
HUDSONState
OHZip Code
44236-2139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792669**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEYER, EDWIN, , ,

Mailing Address 434 MORNING GLORY DR

City
RINGGOLDState
GAZip Code
30736-2663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBMOccupation (for Individual)
DATABASE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704192**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HEYER, EDWIN, , ,

Mailing Address 434 MORNING GLORY DR

City
RINGGOLDState
GAZip Code
30736-2663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IBMOccupation (for Individual)
DATABASE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757350

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HICKMAN, KATHERINE, , ,

Mailing Address 237 RESERVE DR

City
BOERNEState
TXZip Code
78006-8285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690424

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HICKMAN, KATHERINE, , ,

Mailing Address 237 RESERVE DR

City
BOERNEState
TXZip Code
78006-8285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721420

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HICKS, GRETA, , ,Mailing Address 100 LEONARD ST
APT 4-1City
LAKE OSWEGOState
ORZip Code
97034-3947FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737626**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIGBIE, BECKY, S., ,

Mailing Address 13401 25 MILE RD

City
SHELBY TOWNSHIPState
MIZip Code
48315-1318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704203**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIGGINS, JAMES, M., ,

Mailing Address 1960 FORREST RD

City
WINTER PARKState
FLZip Code
32789-6021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636673**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIGGINS, JAMES, M., ,

Mailing Address 1960 FORREST RD

City
WINTER PARKState
FLZip Code
32789-6021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712431**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIGHSMITH, JOHN, , ,

Mailing Address 4721 DUNDEE RD

City
JACKSONVILLEState
FLZip Code
32210-5322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792849**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILBERT, RODGER, , ,

Mailing Address 594 MAIN ST

City
ACTONState
MAZip Code
01720-3301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QUANTECHOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721426**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILBERT, RODGER, , ,

Mailing Address 594 MAIN ST

City
ACTONState
MAZip Code
01720-3301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QUANTECHOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766742

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HILDEBRAND, JONATHAN, , ,

Mailing Address 2105 MYRTLE AVE

City
RALEIGHState
NCZip Code
27608-2244FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WILLOWTREE LLCOccupation (for Individual)
CREATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739210

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILDER, JANE, C., ,

Mailing Address 5707 NORTON RD

City
ALEXANDRIAState
VAZip Code
22303-1027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793509

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILL, BEVERLY, , ,

Mailing Address 2710 AVENA ST

City
WHEATONState
MDZip Code
20902-2633FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739181**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HILL, GEORGE, N., ,

Mailing Address 8247 ZANGLE RD NE

City
OLYMPIAState
WAZip Code
98506-9212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753694**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILLIER, JAN, , ,

Mailing Address 3719 E MESA LN

City
BLOOMINGTONState
INZip Code
47401-9577FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INDIANA UNIVERSITYOccupation (for Individual)
PROFESSOR EMERITUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732504**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILLILA, MARTIN, , ,

Mailing Address 15424 HOFMA DR

City
GRAND HAVENState
MIZip Code
49417-9668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683125**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HILMES, DONNA, , ,

Mailing Address 605 E ASH ST

City
OTHELLOState
WAZip Code
99344-1718FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694480**

Amount of Each Receipt this Period

675.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HILSER, SUSAN, O., ,

Mailing Address 399 PLANTATION DR

City
MARIONState
NCZip Code
28752-7102FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729199**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1085.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIMOE, ELEANOR, , ,Mailing Address 3531 SE GLADSTONE ST
APT 16City
PORTLANDState
ORZip Code
97202-3397FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OHSUOccupation (for Individual)
LAB TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760426**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINDMAN, ROBERT, , ,

Mailing Address 8136 133RD AVE NE

City
REDMONDState
WAZip Code
98052-2408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MICROSOFTOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782239**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679073**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

455.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698045

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698046

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721438

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 913 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755431

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762456

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764253

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766085

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766398

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINDS, ALEXANDER, , ,

Mailing Address 10 PINE HILL DR

City
INVERNESSState
CAZip Code
94937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

369.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767999

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

77.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINES, MICHAEL, J., ,

Mailing Address 365 CASTILIAN AVE

City
THOUSAND OAKSState
CAZip Code
91320-3608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764099

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662469

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

733.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712475

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 916 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712476

Amount of Each Receipt this Period

168.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733060

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789505

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

343.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 917 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HINRICHS, JAMES, , ,

Mailing Address 1367 COLLEEN AVE

City
ARDEN HILLSState
MNZip Code
55112-1907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789507

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HINRICHS, JOEL, , ,Mailing Address 14300 E MARINA DR
APT 102City
AURORAState
COZip Code
80014-3769FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44647646

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HINTON, SANDRA, , ,Mailing Address 4900 N KNOXVILLE AVE
APT 213City
PEORIAState
ILZip Code
61614-4970FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CATERPILLAR INC.Occupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662470

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 918 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690453**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690454**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712484**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIRAOKA, JOHN, , ,Mailing Address **1617 CLARK ST**
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

02 / 18 / 2025**Transaction ID : 44721443**

Amount of Each Receipt this Period

10.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIRAOKA, JOHN, , ,Mailing Address **1617 CLARK ST**
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44741480**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIRAOKA, JOHN, , ,Mailing Address **1617 CLARK ST**
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

02 / 24 / 2025**Transaction ID : 44750198**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**40.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754018**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770318**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIRAOKA, JOHN, , ,Mailing Address 1617 CLARK ST
APT 701City
HONOLULUState
HIZip Code
96822-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797605**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 921 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIRD, DAVID, , ,

Mailing Address 3812 ALBEMARLE ST NW

City
WASHINGTONState
DCZip Code
20016-1838FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44756604**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HISGEN, WILLIAM, J., ,

Mailing Address 1327 WALDORF BLVD

City
MADISONState
WIZip Code
53719-4455FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724748**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HITZHUSEN, FRED, , ,

Mailing Address 942 VILLAGE BROOK WAY

City
COLUMBUSState
OHZip Code
43235-5032FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759316**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIVELY, SANDRA, , ,

Mailing Address 110 BARBIE LN

City
LONGVIEWState
WAZip Code
98632-5401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656401**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIVELY, SANDRA, , ,

Mailing Address 110 BARBIE LN

City
LONGVIEWState
WAZip Code
98632-5401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704219**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HIXON, HUGH, , ,Mailing Address 7895 E ACOMA DR
STE 110City
SCOTTSDALEState
AZZip Code
85260-6916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALCOR FOUNDATIONOccupation (for Individual)
BIOCHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656402**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HIXON, JAMES, , ,

Mailing Address 3329 KLINE DR

City
VIRGINIA BEACHState
VAZip Code
23452-6281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671298**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HIXON, JAMES, , ,

Mailing Address 3329 KLINE DR

City
VIRGINIA BEACHState
VAZip Code
23452-6281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44768203**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HLAFKA, MARTI, , ,

Mailing Address 25 WILDWOOD RD

City
SPRINGFIELDState
ILZip Code
62704-4359FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIU SCHOOL OF MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671299**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HO, JOHN, L.,

Mailing Address 297 PROSPECT PL

City
BROOKLYNState
NYZip Code
11238-3902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUND PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712495**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOAG, MAE, D.,Mailing Address 1228 ROSSMOOR PKWY
APT 263City
WALNUT CREEKState
CAZip Code
94595-2513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748479**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOBART, JENNIFER, M.,Mailing Address 301 MISSION ST
APT 902City
SAN FRANCISCOState
CAZip Code
94105-6659FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAISER FOUNDATION HEALTH PLANOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701831**

Amount of Each Receipt this Period

44300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOBBS, DAVID, , ,Mailing Address 2201 W BENDER RD
STE 5City
MILWAUKEEState
WIZip Code
53209-3745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DAVID HOBBS HONDAOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671302**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOBBS, DAVID, , ,Mailing Address 2201 W BENDER RD
STE 5City
MILWAUKEEState
WIZip Code
53209-3745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DAVID HOBBS HONDAOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44761361**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOBBS, DAVID, , ,Mailing Address 2201 W BENDER RD
STE 5City
MILWAUKEEState
WIZip Code
53209-3745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DAVID HOBBS HONDAOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44786770**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOCKLEY, CLIFF, , ,

Mailing Address 705 LONGVIEW RD

City
SOUTH ORANGEState
NJZip Code
07079-1110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656416

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOCKLEY, CLIFF, , ,

Mailing Address 705 LONGVIEW RD

City
SOUTH ORANGEState
NJZip Code
07079-1110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671306

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HODEL, BARBARA, , ,

Mailing Address 1530 DOGWOOD CT

City
GOSHENState
INZip Code
46526-5147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793394

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HODGES, MILDRED, C., ,

Mailing Address 12450 OLD RIVER RD S

City
STATESBOROState
GAZip Code
30461-7116FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792839**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HODGMAN, CAROL, , ,

Mailing Address 4845 BEAR VIEW DR

City
PARK CITYState
UTZip Code
84098-8518FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787869**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HODGSON, PETER, , ,

Mailing Address 1742 KINGSBURY DR

City
NASHVILLEState
TNZip Code
37215-5736FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748461**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 928 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOEHN, LAURRIE, A., ,

Mailing Address 32383 JESSENLAND RD

City
HENDERSONState
MNZip Code
56044-3370FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735600**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, GLENN, , ,

Mailing Address 40 CENTRAL ST

City
SOMERVILLEState
MAZip Code
02143-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636713**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, GLENN, , ,

Mailing Address 40 CENTRAL ST

City
SOMERVILLEState
MAZip Code
02143-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636715**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMAN, GLENN, , ,

Mailing Address 40 CENTRAL ST

City
SOMERVILLEState
MAZip Code
02143-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671327**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOFFMAN, GLENN, , ,

Mailing Address 40 CENTRAL ST

City
SOMERVILLEState
MAZip Code
02143-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732938**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOFFMAN, ROBERT, , ,

Mailing Address 1318 SUNSET DR

City
HERMOSA BEACHState
CAZip Code
90254-3842FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753195**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOFFMEISTER, MARCIA, , ,Mailing Address 575 TANTRA DR
219City
BOULDERState
COZip Code
80305-6195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731251**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLDEN, ELLEN, J., ,

Mailing Address 10517 ROUNTREE RD

City
LOS ANGELESState
CAZip Code
90064-3303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712548**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLERT, DONALD, , ,

Mailing Address 5064 BEACH DR SW

City
SEATTLEState
WAZip Code
98136-1040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671348**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLERT, DONALD, , ,

Mailing Address 5064 BEACH DR SW

City
SEATTLEState
WAZip Code
98136-1040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671349

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLLADAY, SCOTT, , ,

Mailing Address 2017 S ARCH ST

City
LITTLE ROCKState
ARZip Code
72206-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTER FOR HEALTH POLICY DEVELOPMENTOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690488

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLLAND, BRAD, , ,

Mailing Address 1624 AVENIDA ANDANTE

City
OCEANSIDEState
CAZip Code
92056-6905FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QUEST DIAGNOSTICSOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750715

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

412.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLLAND, JEFFREY, , ,Mailing Address 3118 W LAKE ST
UNIT 629City
MINNEAPOLISState
MNZip Code
55416-6818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DIGI-KEY ELECTRONICSOccupation (for Individual)
MARKETING MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740529**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLLER, MANFRED, R, ,

Mailing Address 6652 JULIE ST

City
SAN DIEGOState
CAZip Code
92115-1630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679100**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLLIDA, JOHN, R, ,Mailing Address 7155 ROSWELL RD
APT 60City
ATLANTAState
GAZip Code
30328-5419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERER DISIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681285**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLLIDAY, DAVID, , ,Mailing Address 400 PIKE ST
UNIT 621City
CINCINNATIState
OHZip Code
45202-4233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755370**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMAN, CASSANDRA, , ,

Mailing Address 3212 SALISBURY PL

City
GREENSBOROState
NCZip Code
27405-4024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MARRIOTT GREENSBORO DOWNTOWNOccupation (for Individual)
HOUSEKEEPING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783454**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, JAKE, , ,

Mailing Address 67 TELLER AVE

City
BEACONState
NYZip Code
12508-3240FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636747**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLMES, JAKE, , ,

Mailing Address 67 TELLER AVE

City
BEACONState
NYZip Code
12508-3240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44656455

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLMES, JAKE, , ,

Mailing Address 67 TELLER AVE

City
BEACONState
NYZip Code
12508-3240FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797046

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLMES, RISE, , ,

Mailing Address 3832 SW 21ST DR

City
GAINESVILLEState
FLZip Code
32608-3322FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785336

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

238.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLT, JEANETTE, , ,

Mailing Address 12115 BIG LEAF WAY NE

City
REDMONDState
WAZip Code
98053-5682FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754228

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOLTSHOUSER, SHERRELL, , ,

Mailing Address 11 WINTHROP RD

City
WEST HARTFORDState
CTZip Code
06110-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF ALASKA-DEPT OF HEALTHOccupation (for Individual)
PUBLIC HEALTH NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662512

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLTSHOUSER, SHERRELL, , ,

Mailing Address 11 WINTHROP RD

City
WEST HARTFORDState
CTZip Code
06110-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF ALASKA-DEPT OF HEALTHOccupation (for Individual)
PUBLIC HEALTH NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712595

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOLTSHOUSER, SHERRELL, , ,

Mailing Address 11 WINTHROP RD

City
WEST HARTFORDState
CTZip Code
06110-1656FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF ALASKA-DEPT OF HEALTHOccupation (for Individual)
PUBLIC HEALTH NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781607**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704248**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737670**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 937 OF 2977

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750574**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753902**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755023**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755559

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOOD, PHYLLIS, , ,

Mailing Address 108 E KANSAS ST

City
LENOXState
IAZip Code
50851-1102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800595

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOOPER, DON, , ,

Mailing Address 10 CAMPBELL RD

City
BERLINState
MAZip Code
01503-1126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44683155

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

355.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOOTON, THOMAS, , ,

Mailing Address 425 BIANCA AVE

City
CORAL GABLESState
FLZip Code
33146-2224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MIAMIOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721481

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPE, PERSIS, , ,Mailing Address 30 BOUTELLE AVE
APT 2City
WATERVILLEState
MEZip Code
04901-4869FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MAINE DARTMOUTHOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762811

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPPER, ALTHEA, , ,

Mailing Address 20015 FOUNDERS WAY

City
OLYMPIA FLDSState
ILZip Code
60461-1573FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685584

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 940 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOPPER, CARLA, , ,

Mailing Address 9631 BRYCE DR

City
WACOState
TXZip Code
76712-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698117

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPPER, CARLA, , ,

Mailing Address 9631 BRYCE DR

City
WACOState
TXZip Code
76712-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727861

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOPPIN, NANCY, , ,

Mailing Address 262 CENTRAL PARK W

City
NEW YORKState
NYZip Code
10024-3512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762676

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOPSON, PATRICIA, CLAIRE, ,

Mailing Address 5133 WOODMIRE LN

City
ALEXANDRIAState
VAZip Code
22311-1318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694963**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOPTON, RON, , ,

Mailing Address 201 NEMACOLIN RD

City
CARMICHAELSState
PAZip Code
15320-1123FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723983**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HORN, JOHN, P., ,

Mailing Address 131 SPRINGHOUSE LN

City
PITTSBURGHState
PAZip Code
15238-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PITTSBURGHOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759689**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 942 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HORST, CARL, , ,

Mailing Address 10049 FOX CHASE DR

City
LOVELANDState
OHZip Code
45140-7760FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

REALTOR ALLIANCE OF GREATER CINCINNATI

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44807064

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HORSTMAN, LAURY, , ,

Mailing Address 92 -512 OHIO ST

City
KAPOLEIState
HIZip Code
96707-3403FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647696

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HORSTMAN, LAURY, , ,

Mailing Address 92 -512 OHIO ST

City
KAPOLEIState
HIZip Code
96707-3403FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

433.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712632

Amount of Each Receipt this Period

168.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

683.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HORSTMAN, LAURY, , ,

Mailing Address 92 -512 OHIO ST

City
KAPOLEIState
HIZip Code
96707-3403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712633**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HORSTMAN, LAURY, , ,

Mailing Address 92 -512 OHIO ST

City
KAPOLEIState
HIZip Code
96707-3403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745046**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOSKINSON, MARJORIE, , ,

Mailing Address 813 OLD FARM RD

City
THOUSAND OAKSState
CAZip Code
91360-4937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ANGELES COMMUNITY COLLEGE DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643011**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOSKINSON, MARJORIE, , ,

Mailing Address 813 OLD FARM RD

City
THOUSAND OAKSState
CAZip Code
91360-4937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679119

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOSKINSON, MARJORIE, , ,

Mailing Address 813 OLD FARM RD

City
THOUSAND OAKSState
CAZip Code
91360-4937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712644

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOSKINSON, MARJORIE, , ,

Mailing Address 813 OLD FARM RD

City
THOUSAND OAKSState
CAZip Code
91360-4937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44727867

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOSKINSON, MARJORIE, , ,

Mailing Address 813 OLD FARM RD

City
THOUSAND OAKSState
CAZip Code
91360-4937FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

LOS ANGELES COMMUNITY COLLEGE DISTRICT

Occupation (for Individual)

EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788130**

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOUSTON, ROSE, M, ,

Mailing Address 1443 W FARGO AVE

City
CHICAGOState
ILZip Code
60626-1810FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665744**

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOUSTON, W BROCK, , ,

Mailing Address 2404 NW 2ND ST

City
BENDState
ORZip Code
97703-8340FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647702**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

620.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 946 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWARD, LINDA, S., ,Mailing Address 2939 VAN NESS ST NW
APT 1232City
WASHINGTONState
DCZip Code
20008-4616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654922

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWARD, LINDA, S., ,Mailing Address 2939 VAN NESS ST NW
APT 1232City
WASHINGTONState
DCZip Code
20008-4616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772215

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWE, ELEANOR, N., ,

Mailing Address 714 LOCUST ST

City
SAINT LOUISState
MOZip Code
63101-1603FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ST. GEORGE CENTEROccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690529

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 947 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWE, ELEANOR, N, ,

Mailing Address 714 LOCUST ST

City
SAINT LOUISState
MOZip Code
63101-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST. GEORGE CENTEROccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690530**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWE, ELEANOR, N, ,

Mailing Address 714 LOCUST ST

City
SAINT LOUISState
MOZip Code
63101-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST. GEORGE CENTEROccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690531**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWE, ELEANOR, N, ,

Mailing Address 714 LOCUST ST

City
SAINT LOUISState
MOZip Code
63101-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST. GEORGE CENTEROccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712665**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWE, ELEANOR, N, ,

Mailing Address 714 LOCUST ST

City
SAINT LOUISState
MOZip Code
63101-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST. GEORGE CENTEROccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770826

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWELL, EDWARD, J, ,

Mailing Address 17123 MCCORMICK ST

City
ENCINOState
CAZip Code
91316-2639FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722124

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWELL, RICHARD, , ,

Mailing Address 1252 DE PAUL WAY

City
LIVERMOREState
CAZip Code
94550-4909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698146

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWELL, RICHARD, , ,

Mailing Address 1252 DE PAUL WAY

City
LIVERMOREState
CAZip Code
94550-4909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712671

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647707

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

595.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671440

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671441**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44698148**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733882**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 951 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOWEY, DALE, M, ,

Mailing Address 991 PARKER AVE

City
ROSEVILLEState
MNZip Code
55113-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740596

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HSI, JAMES, , ,

Mailing Address 8 DEER RUN RD

City
WAPPINGERS FALLSState
NYZip Code
12590-4502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786229

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HSI, JAMES, , ,

Mailing Address 8 DEER RUN RD

City
WAPPINGERS FALLSState
NYZip Code
12590-4502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788327

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 952 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HSI, JAMES, , ,

Mailing Address 8 DEER RUN RD

City
WAPPINGERS FALLSState
NYZip Code
12590-4502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795393

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HSI, JAMES, , ,

Mailing Address 8 DEER RUN RD

City
WAPPINGERS FALLSState
NYZip Code
12590-4502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798763

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUBBARD, JUDITH, , ,

Mailing Address 401 LITTLE JOHN TRL

City
ANDERSONState
SCZip Code
29621-3422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671454

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUBBARD, JUDITH, , ,

Mailing Address 401 LITTLE JOHN TRL

City
ANDERSONState
SCZip Code
29621-3422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671455**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUBBARD, MARIANA, , ,

Mailing Address 5403 GLENALLEN ST

City
SPRINGFIELDState
VAZip Code
22151-3130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694993**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUBBELL, JAMES, , ,

Mailing Address 614 GARCIA ST

City
SANTA FEState
NMZip Code
87505-2858FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740126**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 954 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUBBELL, JAYMES, G., ,

Mailing Address 841 NEBRASKA AVE W

City
SAINT PAULState
MNZip Code
55117-3452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724620**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUBELBANK, MARK, , ,

Mailing Address 167 MAYNARD RD

City
SUDBURYState
MAZip Code
01776-1601FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHEAST MONITORINGOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797101**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUDDLESTON, LOUISE, MARTEL, ,Mailing Address 10450 LOTTSFORD RD
APT 257City
MITCHELLVILLEState
MDZip Code
20721-3303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701895**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 955 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUDSPETH, GEORGE, R., ,Mailing Address 4849 W LAWATHER DR
APT 310City
DALLASState
TXZip Code
75214-1884FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666554**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUDSPETH, REBECCA, , ,

Mailing Address 6 GLEN HILL RD

City
WILTONState
CTZip Code
06897-2420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST. MATTHEW'S EPISCOPAL CHURCHOccupation (for Individual)
DIRECTOR OF CHILDREN'S AND YO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695055**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUENER, THOMAS, , ,

Mailing Address 1800 OLD MILL CT

City
GREENVILLEState
NCZip Code
27858-8440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EAST CAROLINA UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735478**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUFF, CAROLYN, A, ,

Mailing Address 994 WHITFIELD POINT RD

City
ANDERSONState
SCZip Code
29626-6451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800946

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUFFMAN, W. ALAN, , ,

Mailing Address 4080 CAPE COLE BLVD

City
PUNTA GORDAState
FLZip Code
33955-3824FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KEY MANAGEMENT CO.Occupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44807074

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUGHES, KIMBERLY, M, ,

Mailing Address 300 SUMMIT AVE

City
MILL VALLEYState
CAZip Code
94941-1001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE RENOVATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686218

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUIZINGA, JAMIE, , ,Mailing Address 3075 W CRESCENT RIM DR
APT 107City
BOISEState
IDZip Code
83706-3066FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EDUCATION CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44695315**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HULL, JOHN, , ,

Mailing Address 3426 29TH AVE NE

City
OLYMPIAState
WAZip Code
98506-3027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704276**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUNDLEY, RANDAL, , ,

Mailing Address 2423 N FILLMORE ST

City
LITTLE ROCKState
ARZip Code
72207-3612FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ARKANSAS HEALTH GROUPOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762329**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 958 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUNT, BRANDON, , ,

Mailing Address 5009 DORIS LN

City
GUNTERSVILLEState
ALZip Code
35976-2501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694407**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUNT, DANIEL, , ,

Mailing Address 21 TILDEN AVE

City
BEACONState
NYZip Code
12508-1520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643028**

Amount of Each Receipt this Period

243.76

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUNT, DANIEL, , ,

Mailing Address 21 TILDEN AVE

City
BEACONState
NYZip Code
12508-1520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

740.59

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755219**

Amount of Each Receipt this Period

104.66

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

848.42

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUNT, DANIEL, , ,

Mailing Address 21 TILDEN AVE

City
BEACONState
NYZip Code
12508-1520FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.59

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757767

Amount of Each Receipt this Period

230.17

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUNT, JUDITH, A, ,

Mailing Address 1850 ALICE ST

City
OAKLANDState
CAZip Code
94612-4175FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.40

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771427

Amount of Each Receipt this Period

78.40

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUNTING, JOHN, , ,

Mailing Address 1919 BOSTON ST SE
APT B219City
GRAND RAPIDSState
MIZip Code
49506-5703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686528

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1308.57

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 960 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUR, IN, KU, ,Mailing Address 1601 S UNION AVE
APT 615City
TACOMAState
WAZip Code
98405-2087FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665794**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUR, IN, KU, ,Mailing Address 1601 S UNION AVE
APT 615City
TACOMAState
WAZip Code
98405-2087FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753250**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HURLEY, JAMES, R., ,Mailing Address 333 E 68TH ST
APT 6ACity
NEW YORKState
NYZip Code
10065-5604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731545**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUTCHINS, JERRY, , ,

Mailing Address PO BOX 452

City
BOONEState
NCZip Code
28607-0452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
APPALACHIAN STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44788984**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUTCHINSON, ROBERT, , ,

Mailing Address 508 WINDRUSH BAY DR

City

TARPON SPRINGS

State

FL

Zip Code

34689-1206

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762571**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUTCHINSON, ROBERT, , ,

Mailing Address 508 WINDRUSH BAY DR

City

TARPON SPRINGS

State

FL

Zip Code

34689-1206

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782801**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

487.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 962 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUTCHISON, DON, , ,

Mailing Address 4845 WINDSOR BLVD

City
CAMBRIAState
CAZip Code
93428-3609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656573**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUTTON, DORIS, J., ,

Mailing Address 18857 RIVERSIDE DR

City
HERMITAGEState
MOZip Code
65668-8209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724328**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUTTON, MICHAEL, , ,

Mailing Address 20 ROYAL DOMINION CT

City
BETHESDAState
MDZip Code
20817-4652FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688475**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUXTABLE, KATHRYN, , ,

Mailing Address 6917 W 66TH ST

City
OVERLAND PARKState
KSZip Code
66202-4142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656575**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUXTABLE, KATHRYN, , ,

Mailing Address 6917 W 66TH ST

City
OVERLAND PARKState
KSZip Code
66202-4142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44712762**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HUXTABLE, KATHRYN, , ,

Mailing Address 6917 W 66TH ST

City
OVERLAND PARKState
KSZip Code
66202-4142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785820**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 964 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IGO, KATHERYNE, , ,

Mailing Address 727 SPAFFORD OVAL

City
SAGAMORE HILLSState
OHZip Code
44067-2303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44749523**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ILIAN, HENRY, R, ,

Mailing Address 6738 108TH ST

City
FOREST HILLSState
NYZip Code
11375-2355FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ACSOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44754298**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656591**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656592**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671543**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690581**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690582**

Amount of Each Receipt this Period

37.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712780**

Amount of Each Receipt this Period

12.50

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

348.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738569**

Amount of Each Receipt this Period

37.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

86.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ILYAS, EMILY, , ,

Mailing Address 18 WESTHAMPTON DR

City
WILMINGTONState
DEZip Code
19808-1387FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.50

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764619

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IMMERMANN, TONI, , ,

Mailing Address 9028 FALLS CHAPEL WAY

City
POTOMACState
MDZip Code
20854-2388FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647743

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IMMERMANN, TONI, , ,

Mailing Address 9028 FALLS CHAPEL WAY

City
POTOMACState
MDZip Code
20854-2388FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712785

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. INMAN, FRANK, COLEMAN, ,Mailing Address 600 CHERRY DR
APT 3City
EUGENEState
ORZip Code
97401-6644FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724617

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INSEL, THOMAS, A, ,

Mailing Address 626 NORVELL ST

City
EL CERRITOState
CAZip Code
94530-3244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRACENDEOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681761

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. INSERRA, JUDITH, A., ,

Mailing Address 604 ROOKERY LN

City
JOLIETState
ILZip Code
60431-4800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DEMARK INCOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44647747

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 969 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IRELAND, CURT, , ,

Mailing Address PO BOX 1418

City
BRUSH PRAIRIEState
WAZip Code
98606-0019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF PORTLANDOccupation (for Individual)
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693673**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IRWIN, BILL, , ,Mailing Address 6 W 20TH ST
FL 10SCity
NEW YORKState
NYZip Code
10011-9263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636905**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IRWIN, BILL, , ,Mailing Address 6 W 20TH ST
FL 10SCity
NEW YORKState
NYZip Code
10011-9263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44636906**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IRWIN, BILL, , ,Mailing Address 6 W 20TH ST
FL 10SCity
NEW YORKState
NYZip Code
10011-9263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683238**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IRWIN, BILL, , ,Mailing Address 6 W 20TH ST
FL 10SCity
NEW YORKState
NYZip Code
10011-9263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785136**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IRWIN, STEVE, , ,

Mailing Address 3339 RESERVOIR RD NW

City
WASHINGTONState
DCZip Code
20007-2312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVASCENTOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44780510**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 971 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ISAAC, CLAUDIA, B., ,

Mailing Address 1209 GOLD AVE SW

City
ALBUQUERQUEState
NMZip Code
87102-2831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656600**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ISAAC, CLAUDIA, B., ,

Mailing Address 1209 GOLD AVE SW

City
ALBUQUERQUEState
NMZip Code
87102-2831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656601**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISAAC, CLAUDIA, B., ,

Mailing Address 1209 GOLD AVE SW

City
ALBUQUERQUEState
NMZip Code
87102-2831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662586**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ISAAC, CLAUDIA, B., ,

Mailing Address 1209 GOLD AVE SW

City
ALBUQUERQUEState
NMZip Code
87102-2831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671563

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ISAAC, CLAUDIA, B., ,

Mailing Address 1209 GOLD AVE SW

City
ALBUQUERQUEState
NMZip Code
87102-2831FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671564

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISCOL, SANDRA, , ,

Mailing Address 1821 FRANCISCO ST

City
BERKELEYState
CAZip Code
94703-1312FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712824

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 973 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ISKANDER, JOHN, , ,

Mailing Address 7702 BRISTOW DR

City
ANNANDALEState
VAZip Code
22003-5146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US GOVTOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662587

Amount of Each Receipt this Period

220.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ISRAELI, NANCY, , ,

Mailing Address 1454 RIDGE RD

City
SYOSSETState
NYZip Code
11791-9671FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALLIED PHYSICIANS GROUPOccupation (for Individual)
PEDIATRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44688493

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISTVAN, JAY, , ,

Mailing Address 649 S GROVE AVE

City
BARRINGTONState
ILZip Code
60010-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721544

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

970.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IVERSON, GEOFFREY, J., ,

Mailing Address 47 WHITMAN CT

City
IRVINEState
CAZip Code
92617-4062FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC IRVINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738571

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IVERSON, GEOFFREY, J., ,

Mailing Address 47 WHITMAN CT

City
IRVINEState
CAZip Code
92617-4062FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC IRVINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789773

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IWASE, NORIKO, , ,

Mailing Address 4406 48TH ST NW

City
WASHINGTONState
DCZip Code
20016-2002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722052

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44647756**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656615**

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

327.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44656616**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 976 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679170

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44702688

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

403.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44727916

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734386

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735292

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

439.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44741093

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754717

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. IYENGAR, RUTH, Y, ,

Mailing Address 6808 TURBAN CT

City
FORT MYERSState
FLZip Code
33908-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768068

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACKLICH, JUDY, , ,

Mailing Address 1904 JOHNSON LN

City
EL CENTROState
CAZip Code
92243-9547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704312

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKLICH, JUDY, , ,

Mailing Address 1904 JOHNSON LN

City
EL CENTROState
CAZip Code
92243-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749439

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACKLICH, JUDY, , ,

Mailing Address 1904 JOHNSON LN

City
EL CENTROState
CAZip Code
92243-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44807703

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACKLICH, JUDY, , ,

Mailing Address 1904 JOHNSON LN

City
EL CENTROState
CAZip Code
92243-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786215

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKLICH, JUDY, , ,

Mailing Address 1904 JOHNSON LN

City
EL CENTROState
CAZip Code
92243-9547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799528**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACKSON, ANITA, , ,

Mailing Address 3646 SW 50TH AVE

City
PORTLANDState
ORZip Code
97221-2108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WOMEN'S HEALTHCARE ASSOCIATES, LLCOccupation (for Individual)
HR & COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671588**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACKSON, DIANNE, GRANGER, ,

Mailing Address 114 ANTLEY PT

City
WELLFORDState
SCZip Code
29385-9767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794572**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 981 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKSON, DIANNE, GRANGER, ,

Mailing Address 114 ANTLEY PT

City
WELLFORDState
SCZip Code
29385-9767FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800375

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, AMANDA, , ,

Mailing Address 108 YORKSHIRE DR

City
COLUMBIAState
MOZip Code
65203-0184FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACOBS PROPERTY MANAGEMENTOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44807077

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, GARY, N, ,

Mailing Address 722 N CRESCENT DR

City
BEVERLY HILLSState
CAZip Code
90210-3332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LCSW PSYCHOANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704318

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, HELENE, , ,

Mailing Address 3919 SCANDIA WAY

City
LOS ANGELESState
CAZip Code
90065-3651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724234**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44647769**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44662601**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 983 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44690609**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44712882**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

299.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44737471**

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738089**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765996**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770880**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786819

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787967

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792257

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

62.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798580**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBS, SUSAN, , ,

Mailing Address 2535 YUPON ST

City
HOUSTONState
TXZip Code
77006-2533FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801178**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBSON, MARK, , ,

Mailing Address 5849 N ARLINGTON BLVD

City
RICHMONDState
CAZip Code
94806-4249FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702179**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

516.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 987 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOBSON-TEPFER, ESTHER, , ,

Mailing Address 31700 OWL RD

City
EUGENEState
ORZip Code
97405-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780595

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACOBSON-TEPFER, ESTHER, , ,

Mailing Address 31700 OWL RD

City
EUGENEState
ORZip Code
97405-9547FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783903

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACOBY, STEPHEN, N., ,

Mailing Address 9203 WADSWORTH DR

City
BETHESDAState
MDZip Code
20817-2411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44695116

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACOMET, JOSEPH, A., ,

Mailing Address 5610 ROESLAND DR

City
GALENAState
OHZip Code
43021-9752FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750120**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JACQUET, HERVE, M., ,

Mailing Address 200 CALIFORNIA RD

City
BRONXVILLEState
NYZip Code
10708-4425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667202**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JACQUET, HERVE, M., ,

Mailing Address 200 CALIFORNIA RD

City
BRONXVILLEState
NYZip Code
10708-4425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44735651**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JALENAK, JAMES, B., ,Mailing Address 7820 WALKING HORSE CIR
APT 315City
GERMANTOWNState
TNZip Code
38138-2115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MEMPHIS ZOOOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662608

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679192

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712906

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712907

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755539

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791715

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 991 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791921

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794295

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, AUDREY, , ,

Mailing Address 397 SW JORDAN ST

City
MADISONState
FLZip Code
32340-1861FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798708

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMES, GRETEL, T., ,

Mailing Address 7104 WESTHAVEN DR

City
CAMP SPRINGSState
MDZip Code
20748-4020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2025**Transaction ID : 44748456**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMES, JEAN, M., ,Mailing Address 3730 14TH AVE SE
APT 319City
OLYMPIAState
WAZip Code
98501-0923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44685665**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMES, JOYCE, , ,

Mailing Address 7151 SW DUNRAVEN LN

City
PORT ORCHARDState
WAZip Code
98367-7473FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671625**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAMES, STEPHANIE, , ,

Mailing Address 11404 TOULONE DR

City
POTOMACState
MDZip Code
20854-3140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FNIHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721566

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAMIESON, BURNA, K., ,

Mailing Address 1245 TARAPIN LN

City
LINCOLNState
CAZip Code
95648-8138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685083

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JANDACEK, JAMES, W., ,

Mailing Address 10065 SW 141ST AVE

City
BEAVERTONState
ORZip Code
97008-9725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44712915

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 994 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JANDACEK, JAMES, W., ,

Mailing Address 10065 SW 141ST AVE

City
BEAVERTONState
ORZip Code
97008-9725FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790103**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JANDREY, GAYLE, D., ,

Mailing Address 5051 N BLUE BONNET RD

City
TUCSONState
AZZip Code
85745-9488FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722079**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JANENSCH, GAIL, , ,Mailing Address 3030 PARK AVE
RM 2012City
BRIDGEPORTState
CTZip Code
06604-1138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733625**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 995 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JANENSCH, GAIL, , ,Mailing Address 3030 PARK AVE
RM 2012City
BRIDGEPORTState
CTZip Code
06604-1138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766465**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAQUA, ANNE, , ,

Mailing Address 11660 SW LANCASTER RD

City
PORTLANDState
ORZip Code
97219-7655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686501**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAQUA, ANNE, , ,

Mailing Address 11660 SW LANCASTER RD

City
PORTLANDState
ORZip Code
97219-7655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759331**

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAQUEZ, ELIAS, , ,

Mailing Address 5633 CRESTON AVE

City
EL PASOState
TXZip Code
79924-4101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704339

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JARCHO, VIVAN, , ,

Mailing Address 9308 OLIVIA PL

City
BURKEState
VAZip Code
22015-2044FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685557

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643075

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

510.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44683277

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690625

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704341

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 998 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745505

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAROS, EDWIN, , ,

Mailing Address 16 MORSES POND RD

City
WELLESLEYState
MAZip Code
02482-4210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEECHWOOD RE MANAGEMENT INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766670

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636961

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636962

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44636963

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690628

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761414

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780735

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JARRARD, FRANCI, S., ,

Mailing Address 144 LONG HOLLOW RD

City
ELGINState
TXZip Code
78621-5525FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780870

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

175.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1001 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JEFFERS, LINDA, , ,

Mailing Address 3935 MORRISON ST NW

City
WASHINGTONState
DCZip Code
20015-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712939**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JEFFERS, LINDA, , ,

Mailing Address 3935 MORRISON ST NW

City
WASHINGTONState
DCZip Code
20015-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733932**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JEFFERYS, THOMAS, , ,

Mailing Address 253 STRONG RD

City
MORETOWNState
VTZip Code
05660-9452FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MEHURON'S MARKETOccupation (for Individual)
ASSISTANT PRODUCE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44712941**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1002 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JEIVEN, MARTIN, , ,

Mailing Address 77 BRANT AVE
STE 405City
CLARKState
NJZip Code
07066-1540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721585

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JEIVEN, MARTIN, , ,

Mailing Address 77 BRANT AVE
STE 405City
CLARKState
NJZip Code
07066-1540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783954

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JELLISON, DOUG, , ,

Mailing Address PO BOX 3440

City
BALD HEAD ISLANDState
NCZip Code
28461-7004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NUCOROccupation (for Individual)
MANUFACTURING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742895

Amount of Each Receipt this Period

280.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

430.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1003 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JENKINS, KELLY, , ,

Mailing Address 3951 MILLBROOK DR

City
SANTA ROSAState
CAZip Code
95404-7614FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44764229**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JENKINS, RICHARD, , ,

Mailing Address 7011 W BEVERLY MAE DR

City
SAN ANTONIOState
TXZip Code
78229-4941FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44722230**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JENSEN, GINA, , ,

Mailing Address 2320 CANDLERIDGE DR

City
TWIN FALLSState
IDZip Code
83301-5121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
208 REAL ESTATE BRANCHOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44807065**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JENSEN, KATHLEEN, , ,

Mailing Address 106 DANCING OAK CV

City
SAN MARCOSState
TXZip Code
78666-3382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698313**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JENSEN, VIBEKE, H., ,

Mailing Address 511 JENIFER CT

City
SANTA ROSAState
CAZip Code
95404-2758FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723560**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JESSEN, PATSY, , ,

Mailing Address PO BOX 253

City
ENCAMPMENTState
WYZip Code
82325-0253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748668**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JINDAL, KRISHEN, , ,

Mailing Address 110 WOODRANCH CIR

City
DANVILLEState
CAZip Code
94506-6164FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44693853**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOBE, MARGARET, , ,

Mailing Address 3068 STANWIN PL

City
CINCINNATIState
OHZip Code
45241-3360FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44712976**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SYLVIA, , ,

Mailing Address 4727 CALLE REINA

City
SANTA BARBARAState
CAZip Code
93110-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44662642**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNS, SYLVIA, , ,

Mailing Address 4727 CALLE REINA

City
SANTA BARBARAState
CAZip Code
93110-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662643

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNS, SYLVIA, , ,

Mailing Address 4727 CALLE REINA

City
SANTA BARBARAState
CAZip Code
93110-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671690

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNS, SYLVIA, , ,

Mailing Address 4727 CALLE REINA

City
SANTA BARBARAState
CAZip Code
93110-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44712982

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, CYNTHIA, , ,

Mailing Address 24 CADIZ CIR

City
REDWOOD CITYState
CAZip Code
94065-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784473

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, DIANNE, , ,

Mailing Address 39535 N MILL CREEK RD

City
OLD MILL CREEKState
ILZip Code
60083-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769704

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, DIANNE, , ,

Mailing Address 39535 N MILL CREEK RD

City
OLD MILL CREEKState
ILZip Code
60083-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784363

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1008 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, DIANNE, , ,

Mailing Address 39535 N MILL CREEK RD

City
OLD MILL CREEKState
ILZip Code
60083-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784617

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, DIANNE, , ,

Mailing Address 39535 N MILL CREEK RD

City
OLD MILL CREEKState
ILZip Code
60083-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790046

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, DIANNE, , ,

Mailing Address 39535 N MILL CREEK RD

City
OLD MILL CREEKState
ILZip Code
60083-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790775

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, GEORGE, , ,Mailing Address 180 EPEARSON ST
APT 6407City
CHICAGOState
ILZip Code
60611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671757**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, GERALD, R., ,

Mailing Address 3 BOULDER LN

City
RANCHO MIRAGEState
CAZip Code
92270-1900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666167**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, JANIS, C, ,

Mailing Address 295 HUNT RD

City
PITTSBURGHState
PAZip Code
15215-1558FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686676**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2187.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1010 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, JULIANNE, , ,

Mailing Address 688 BRENTON PL

City
COLUMBUSState
OHZip Code
43213-3406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698356**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, KAREN, H, ,Mailing Address 3813 S GEORGE MASON DR
1511WCity
FALLS CHURCHState
VAZip Code
22041-3763FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747086**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, KENDALL, , ,

Mailing Address 6745 W 36TH AVE

City
WHEAT RIDGEState
COZip Code
80033-6428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679232**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 1011 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, LORRAINE, , ,

Mailing Address 10581 MAHONEY DR

City
SHADOW HILLSState
CAZip Code
91040-1215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721615

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, MARY, L., ,

Mailing Address 113 FRANKLIN ST

City
ARLINGTONState
MAZip Code
02474-3213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693671

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, MICHEL, , ,

Mailing Address 115 MARLIN DR

City
MERRITT ISLANDState
FLZip Code
32952-5118FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655439

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1012 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, NIEL, M., ,Mailing Address 19301 E 50TH TER S
APT 130City
INDEPENDENCEState
MOZip Code
64055-6860FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723985**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, RASHAD, , ,

Mailing Address 306 LIVE OAK DR

City
DANVILLEState
CAZip Code
94506-2145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEINOccupation (for Individual)
POLICY DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677698**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, ROGER, , ,

Mailing Address 265 AUDUBON RD

City
LEEDSState
MAZip Code
01053-9769FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698370**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, ROLLAND, , ,

Mailing Address 552 N BATAVIA AVE

City
BATAVIAState
ILZip Code
60510-1274FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MUONS, INC.Occupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762497

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, SHARON, , ,

Mailing Address 105 CROSS CREEK DR

City
GRAPEVINEState
TXZip Code
76051-3136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44647807

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, SHARON, , ,

Mailing Address 105 CROSS CREEK DR

City
GRAPEVINEState
TXZip Code
76051-3136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44741675

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1014 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, SHARON, , ,

Mailing Address 105 CROSS CREEK DR

City
GRAPEVINEState
TXZip Code
76051-3136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754303

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, SHARON, , ,

Mailing Address 105 CROSS CREEK DR

City
GRAPEVINEState
TXZip Code
76051-3136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756736

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSON, SHARON, , ,

Mailing Address 105 CROSS CREEK DR

City
GRAPEVINEState
TXZip Code
76051-3136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780866

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSON, SHAWNA, , ,

Mailing Address PO BOX 146

City
WALLACEState
CAZip Code
95254-0146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671698**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOHNSON, THERESA, , ,

Mailing Address 3711 E 26TH AVENUE PKWY

City
DENVERState
COZip Code
80205-5017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736374**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOHNSTON, EDITH, , ,

Mailing Address PO BOX 109

City
TRUMANSBURGState
NYZip Code
14886-0109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713054**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1016 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOHNSTON, EDITH, , ,

Mailing Address PO BOX 109

City
TRUMANSBURGState
NYZip Code
14886-0109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761898**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOINER, BUCK, , ,

Mailing Address 3443 MALINA PL

City
KIHEIState
HIZip Code
96753-9246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789395**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, ALAN, W., ,

Mailing Address 116 POMONA AVE

City
EL CERRITOState
CAZip Code
94530-4137FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665922**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, BAXTER, , ,

Mailing Address 200 PEACHTREE CIR NE

City
ATLANTAState
GAZip Code
30309-3236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNSON & WARDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698384

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, DEBORAH, , ,

Mailing Address 5328 APOLLO RD

City
LANGLEYState
WAZip Code
98260-9772FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COLDWELL BANKER TARA PROPERTIESOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737633

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713074

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713114**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44749513**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44766319**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

79.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1019 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783461**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, HELEN, , ,

Mailing Address 264 GRANT ST

City
ASHLANDState
ORZip Code
97520-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799282**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, JONATHON, , ,

Mailing Address 2000 FREEDOM LN

City
FALLS CHURCHState
VAZip Code
22043-1841FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PECK MADIGAN JONESOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704405**

Amount of Each Receipt this Period

10000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10034.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, JULIE, GAIL, ,Mailing Address 400 S 8TH CT
UNIT 68City
INDIANOLAState
IAZip Code
50125-2746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758520**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, JULIE, GAIL, ,Mailing Address 400 S 8TH CT
UNIT 68City
INDIANOLAState
IAZip Code
50125-2746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759302**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, KERIN, , ,

Mailing Address 9901 EMMAUS

City
ST JOHNState
VIZip Code
00830-9587FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713071**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1021 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, MARILYN, , ,

Mailing Address 4291 HERMOSA WAY

City
SAN DIEGOState
CAZip Code
92103-1214FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA, SAN DIEGOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723988**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, MICHAEL, , ,

Mailing Address 2010 DUKE DR

City
ANCHORAGEState
AKZip Code
99508-4552FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANCHORAGE MEDICAL & SURGICAL CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794521**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, NORA, S., ,

Mailing Address 1807 W MARKET ST

City
GREENSBOROState
NCZip Code
27403-1712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686635**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, PETER, , ,

Mailing Address 6314 PANORAMA DR

City
BRENTWOODState
TNZip Code
37027-4820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIGNATURE FRAMEWORKS LLCOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795097

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, PHILLIP, , ,

Mailing Address 9310 MERRITT AVE SE

City
SNOQUALMIEState
WAZip Code
98065-5018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690699

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, PHILLIP, , ,

Mailing Address 9310 MERRITT AVE SE

City
SNOQUALMIEState
WAZip Code
98065-5018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713075

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

337.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1023 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, PHILLIP, , ,

Mailing Address 9310 MERRITT AVE SE

City
SNOQUALMIEState
WAZip Code
98065-5018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744777

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, PHILLIP, , ,

Mailing Address 9310 MERRITT AVE SE

City
SNOQUALMIEState
WAZip Code
98065-5018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794471

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, RALPH, C, ,

Mailing Address 3517 QUEEN ANNE DR

City
FAIRFAXState
VAZip Code
22030-1830FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEORGE MASON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757312

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1024 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, RUDOLPH, , ,

Mailing Address 1963 MERRIMAC DR

City
FAYETTEVILLEState
NCZip Code
28304-2617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684278**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, SUSAN, , ,

Mailing Address 1 FRANKLIN ST

City
BOSTONState
MAZip Code
02110-1110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BPTCOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683322**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, TYLIE, , ,

Mailing Address 4172 LONGRIDGE AVE

City
SHERMAN OAKSState
CAZip Code
91423-4336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44727988**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1025 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JONES, TYLIE, , ,

Mailing Address 4172 LONGRIDGE AVE

City
SHERMAN OAKSState
CAZip Code
91423-4336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44732932**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JONES, TYLIE, , ,

Mailing Address 4172 LONGRIDGE AVE

City
SHERMAN OAKSState
CAZip Code
91423-4336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741624**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JONES, TYLIE, , ,

Mailing Address 4172 LONGRIDGE AVE

City
SHERMAN OAKSState
CAZip Code
91423-4336FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743651**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1026 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOPLIN, LINDA, , ,

Mailing Address 13312 EDINBURGH DR

City
WESTMINSTERState
CAZip Code
92683-1732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44671805**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOPLIN, LINDA, , ,

Mailing Address 13312 EDINBURGH DR

City
WESTMINSTERState
CAZip Code
92683-1732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44737842**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOPLIN, LINDA, , ,

Mailing Address 13312 EDINBURGH DR

City
WESTMINSTERState
CAZip Code
92683-1732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791482**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1027 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOSEPH, CHARLOTTE, B., ,

Mailing Address 4 LORRE CT

City
ROCKVILLEState
MDZip Code
20852-4103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702313**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOSEPH, DANIEL, , ,

Mailing Address 615 S A ST

City
LAKE WORTHState
FLZip Code
33460-4701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEINOccupation (for Individual)
POLICY ADVISOR / ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677691**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOSEY, DOROTHY, , ,

Mailing Address 785 PLUME ST

City
SPARTANBURGState
SCZip Code
29302-1451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721650**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1028 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOSHI, BARBARA, , ,

Mailing Address 22 HAWKS LNDG

City
WEAVERVILLEState
NCZip Code
28787-8111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713143**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOY, CHRISTINE, , ,

Mailing Address PO BOX 976

City
OLALLAState
WAZip Code
98359-0976FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637088**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643132**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1029 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44656805**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671831**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690715**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1030 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788892

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JOYCE, JERRIL, , ,

Mailing Address PO BOX 1177

City
MILLERSVILLEState
MDZip Code
21108-4177FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791541

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JUDSON, JEAN, M., ,

Mailing Address 425 E MAY ST

City
ELMHURSTState
ILZip Code
60126-3634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44671836

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1031 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JUDSON, JEAN, M., ,

Mailing Address 425 E MAY ST

City
ELMHURSTState
ILZip Code
60126-3634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713160

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JUDSON, JEAN, M., ,

Mailing Address 425 E MAY ST

City
ELMHURSTState
ILZip Code
60126-3634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800252

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JULES, CAROL, , ,

Mailing Address 25 STONEHAVEN DR
APT 327City
SOUTH WEYMOUTHState
MAZip Code
02190-3972FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693612

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

390.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1032 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JURGENSEN, JOHN, , ,

Mailing Address 290 W CREEK DR

City
LEAGUE CITYState
TXZip Code
77573-3480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791178**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JUSTICE, SHIRLEY, A., ,

Mailing Address 701 HUNTERS RIDGE RD

City
CHARLESTONState
WVZip Code
25314-2424FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694756**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAHN, HENRY, , ,

Mailing Address 46 MARR AVE

City
OAKLANDState
CAZip Code
94611-3131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728011**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

556.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1033 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAHN, HENRY, , ,

Mailing Address 46 MARR AVE

City
OAKLANDState
CAZip Code
94611-3131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.48

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788248**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAHN, JOAN, , ,

Mailing Address 266 FOXHOUND DR

City
LAFAYETTE HLState
PAZip Code
19444-1035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664980**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAISER, JANET, ANN, ,Mailing Address 1290 BOYCE RD
APT B508City
PITTSBURGHState
PAZip Code
15241-3985FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723457**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

531.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KALBAUGH, KEVIN, , ,

Mailing Address 3470 SW 26TH AVE

City
OCALAState
FLZip Code
34471-1330FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ROBERT BOISSONEAULT ONCOLOGYOccupation (for Individual)
MEDICAL PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801556

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KALBFLEISCH, JACK, , ,

Mailing Address 3504 CORROTOMAN RD

City
GLEN ALLENState
VAZip Code
23060-7238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790955

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KALLENBACH, NEVILLE, R, ,Mailing Address 600 E CATHEDRAL RD
APT L102City
PHILAState
PAZip Code
19128-1942FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44807443

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

690.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1035 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KALOYANIDES, GEORGE, J., ,

Mailing Address 38 NEAL PATH

City
SOUTH SETAUKETState
NYZip Code
11720-4503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755322

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KALOYANIDES, GEORGE, J., ,

Mailing Address 38 NEAL PATH

City
SOUTH SETAUKETState
NYZip Code
11720-4503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767701

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAMEN, AL, , ,

Mailing Address 425 E 58TH ST

City
NEW YORKState
NYZip Code
10022-2300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637120

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1036 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAMEN, AL, , ,

Mailing Address 425 E 58TH ST

City
NEW YORKState
NYZip Code
10022-2300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637121

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAMEN, AL, , ,

Mailing Address 425 E 58TH ST

City
NEW YORKState
NYZip Code
10022-2300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662719

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAMER, SUSAN, , ,

Mailing Address 7555 INDIAN OAKS DR

City
VERO BEACHState
FLZip Code
32966-5176FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729469

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAMII, MIEKO, , ,

Mailing Address 232 RUTLEDGE RD

City
BELMONTState
MAZip Code
02478-2634FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721667

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAMINSKI, VALERIE, , ,

Mailing Address 2000 MANORVIEW CIR NW

City
SALEMState
ORZip Code
97304-4469FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791510

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANE, JANET, , ,

Mailing Address 2583 COMPASS POINTE S WYND NE

City
LELANDState
NCZip Code
28451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CAPE FEAR REALTORSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44807076

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

788.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1038 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KANEFIELD, ELMA, , ,Mailing Address 150 COLUMBUS AVE
APT 24ECity
NEW YORKState
NYZip Code
10023-5971FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713219

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KANEFIELD, ELMA, , ,Mailing Address 150 COLUMBUS AVE
APT 24ECity
NEW YORKState
NYZip Code
10023-5971FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789344

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KANNEGAARD, JON, , ,

Mailing Address 1490 PRINCE EDWARD WAY

City
SUNNYVALEState
CAZip Code
94087-4440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752038

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KANTOFF, SHIRLEY, , ,

Mailing Address 3639 WOODCLIFF DR

City
KALAMAZOOState
MIZip Code
49008-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706708

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAPLAN, BARBARA, , ,

Mailing Address 2421 FAIRMOUNT AVE

City
PHILADELPHIAState
PAZip Code
19130-2517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739872

Amount of Each Receipt this Period

250.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAPLAN, ERIC, , ,

Mailing Address 3775 MOUND VIEW AVE

City
STUDIO CITYState
CAZip Code
91604-3629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698452

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1040 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAPLAN, ERIC, , ,

Mailing Address 3775 MOUND VIEW AVE

City
STUDIO CITYState
CAZip Code
91604-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785602**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAPLAN, ERIC, , ,

Mailing Address 3775 MOUND VIEW AVE

City
STUDIO CITYState
CAZip Code
91604-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794829**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAPLAN, ERIC, , ,

Mailing Address 3775 MOUND VIEW AVE

City
STUDIO CITYState
CAZip Code
91604-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798293**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1041 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAPLAN, EUGENE, , ,

Mailing Address 148 WATERVIEW ST W

City
NORTHPORTState
NYZip Code
11768-1241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694231

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAROUB, ALICE, , ,

Mailing Address 48838 ROCKVIEW RD

City
NOVIState
MIZip Code
48374-6308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693568

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARPEN, MIKE, , ,

Mailing Address 1561 OSCEOLA ST

City
DENVERState
COZip Code
80204-6540FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637142

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1281.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1042 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KARPEN, MIKE, , ,

Mailing Address 1561 OSCEOLA ST

City
DENVERState
COZip Code
80204-6540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713235**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KASAMATSU, TAKUJI, , ,

Mailing Address 1312 E CALIFORNIA BLVD

City
PASADENAState
CAZip Code
91106-4139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728484**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KASTENDIEK, JON, E, ,

Mailing Address 1 COLLEGE VIEW DR

City
BRIDGEWATERState
VAZip Code
22812-1500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAMES MADISON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767904**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1043 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KATHRYN, THOMSON, , ,

Mailing Address 2374 N OAKLAND ST

City
ARLINGTONState
VAZip Code
22207-5142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMAZONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44671896**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KATZ, ANN, , ,

Mailing Address 216 GARDNER RD

City
BROOKLINEState
MAZip Code
02445-4560FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724776**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KATZ, BERT, , ,

Mailing Address 11210 MONTICELLO AVE

City
SILVER SPRINGState
MDZip Code
20902-3216FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAICOccupation (for Individual)
SCIENTIFIC PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794223**

Amount of Each Receipt this Period

108.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

583.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1044 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KATZ, LESLIE, , ,

Mailing Address 12217 MEADOW CREEK CT

City
POTOMACState
MDZip Code
20854-1409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743894**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAUFFMAN, STEPHEN, , ,

Mailing Address 78 BERKELEY ST

City
BOSTONState
MAZip Code
02116-6200FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HILL HOLIDAYOccupation (for Individual)
ACCOUNT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785013**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAUFFMAN, STEPHEN, , ,

Mailing Address 78 BERKELEY ST

City
BOSTONState
MAZip Code
02116-6200FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HILL HOLIDAYOccupation (for Individual)
ACCOUNT DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794021**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1045 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAUFMAN, GERRY, , ,

Mailing Address 8 AMHERST RD

City
NEW CITYState
NYZip Code
10956-7100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ERCSDOccupation (for Individual)
MEDIA SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637154**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAUFMAN, GERRY, , ,

Mailing Address 8 AMHERST RD

City
NEW CITYState
NYZip Code
10956-7100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ERCSDOccupation (for Individual)
MEDIA SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728029**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAUFMAN, JEFFREY, , ,

Mailing Address 307 BROOKLINE ST

City
NEEDHAMState
MAZip Code
02492-3523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706765**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1046 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAUFMAN, KENNETH, , ,

Mailing Address 105 WOODSTOCK AVE

City
KENILWORTHState
ILZip Code
60043-1231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAUFMAN HALLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662740**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAUL, ELEANOR, E., ,

Mailing Address 8934 EXECUTIVE CLUB DR

City
DELMARState
MDZip Code
21875-2366FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753639**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAUTZMAN, BARBARA, , ,

Mailing Address 1028 N 25TH ST

City
ALLENTOWNState
PAZip Code
18104-3628FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698475**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1047 OF 2977

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAVADELLA, MELPOMENI, , ,

Mailing Address 9310 EVERGREEN DR

City
TRAVERSE CITYState
MIZip Code
49684-7822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NMPSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643166**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAVADELLA, MELPOMENI, , ,

Mailing Address 9310 EVERGREEN DR

City
TRAVERSE CITYState
MIZip Code
49684-7822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NMPSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713270**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAVALER, ANDREA, , ,Mailing Address 38 E 85TH ST
APT 5DCity
NEW YORKState
NYZip Code
10028-0969FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LMC INTERNATIONALOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681728**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1048 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAWAMURA, LLOYD, , ,

Mailing Address 199 PUIWA RD

City
HONOLULUState
HIZip Code
96817-1171FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713276**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44637158**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44637159**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1049 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679291

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721688

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781346

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1050 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAWELO, JANET, , ,

Mailing Address 1371 MANU MELE ST

City
KAILUAState
HIZip Code
96734-4320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF HAWAIIOccupation (for Individual)
PUBLIC UTILITIES COMMISSIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791866**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAZARIAN, KAREN, , ,

Mailing Address 7 JACLYN RAE DR

City
MILLBURYState
MAZip Code
01527-3372FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAREN KAZARIANOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44742449**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEARY, ANNE, P, ,

Mailing Address 2475 PALISADE AVE

City
BRONXState
NYZip Code
10463-6205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783773**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1051 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEARY, ANNE, P, ,

Mailing Address 2475 PALISADE AVE

City
BRONXState
NYZip Code
10463-6205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788188

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEATING, ELIZABETH, , ,Mailing Address 80 LEXINGTON AVE
APT 2City
CAMBRIDGEState
MAZip Code
02138-3373FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOSTON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690757

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEEFE, DINAH, , ,

Mailing Address 6800 YORK AVE S

City
EDINAState
MNZip Code
55435-2513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743718

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2006.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEEHN, WILLIAM, , ,

Mailing Address PO BOX 1945

City
ORANGEVALEState
CAZip Code
95662-1945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746081**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEENER, LARKELYN, , ,

Mailing Address 65711 TWIN BRIDGES RD

City
BENDState
ORZip Code
97703-9072FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685247**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEESE, REBECCA, , ,

Mailing Address 620 EXPLORERS RD

City
CHARLOTTESVILLEState
VAZip Code
22911-8440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690761**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1053 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEESLER, WILLIAM, , ,

Mailing Address 17 HEGE DR

City
LEXINGTONState
NCZip Code
27292-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769265**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEISER, LINDY, , ,

Mailing Address 2450 N LAKEVIEW AVE

City
CHICAGOState
ILZip Code
60614-2878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662754**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEITH, IAN, , ,

Mailing Address 1224 GARFIELD ST

City
PORT TOWNSENDState
WAZip Code
98368-6515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761270**

Amount of Each Receipt this Period

156.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

731.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1054 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEITH, ROYAL, , ,

Mailing Address 4130 ENGLEWOOD AVE
APT 218City
YAKIMAState
WAZip Code
98908-4038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683931

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLER, WILLIAM, , ,

Mailing Address 12223 PATRICK RD

City
EAGLEState
MIZip Code
48822-9616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44730920

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLEY, MARITA, , ,

Mailing Address 2700 ROBERTS VALLEY RD

City
HARRISBURGState
PAZip Code
17110-1702FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMMONWEALTH OF PENNSYLVANIAOccupation (for Individual)
DEPUTY EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732443

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

470.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1055 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLEY, MARITA, , ,

Mailing Address 2700 ROBERTS VALLEY RD

City
HARRISBURGState
PAZip Code
17110-1702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COMMONWEALTH OF PENNSYLVANIAOccupation (for Individual)
DEPUTY EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781464

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLY POH, MARY, FRANCES, ,

Mailing Address 643 WINDSOR DR

City
BENICIAState
CAZip Code
94510-3748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44656930

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLY POH, MARY, FRANCES, ,

Mailing Address 643 WINDSOR DR

City
BENICIAState
CAZip Code
94510-3748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690776

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

93.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1056 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLY POH, MARY, FRANCES, ,

Mailing Address 643 WINDSOR DR

City
BENICIAState
CAZip Code
94510-3748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704460

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLY POH, MARY, FRANCES, ,

Mailing Address 643 WINDSOR DR

City
BENICIAState
CAZip Code
94510-3748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721711

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLY POH, MARY, FRANCES, ,

Mailing Address 643 WINDSOR DR

City
BENICIAState
CAZip Code
94510-3748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

413.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732704

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLY, BRIAN, , ,

Mailing Address 1206 SHAFTER ST

City
SAN MATEOState
CAZip Code
94402-2902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671965

Amount of Each Receipt this Period

55.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLY, H WILLIAM, , ,

Mailing Address 9828 GUADALUPE TRL NW

City
ALBUQUERQUEState
NMZip Code
87114-2009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44735998

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLY, H WILLIAM, , ,

Mailing Address 9828 GUADALUPE TRL NW

City
ALBUQUERQUEState
NMZip Code
87114-2009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44741653

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1058 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KELLY, H WILLIAM, , ,

Mailing Address 9828 GUADALUPE TRL NW

City
ALBUQUERQUEState
NMZip Code
87114-2009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787303**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KELLY, LAWRENCE, , ,

Mailing Address 1956 CLEARVIEW RD

City
SOUDERTONState
PAZip Code
18964-1020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44795494**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KEMP, BARBARA, G., ,

Mailing Address 106 COOLIDGE FARM RD

City
BOXBOROUGHState
MAZip Code
01719-1856FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2025**Transaction ID : 44747447**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1059 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENDALL, CAROL, , ,

Mailing Address 881 PECAN CT

City
SUNNYVALEState
CAZip Code
94087-2261FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683392

Amount of Each Receipt this Period

7.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENDALL, CAROL, , ,

Mailing Address 881 PECAN CT

City
SUNNYVALEState
CAZip Code
94087-2261FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690781

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENDALL, HELENE, L., ,

Mailing Address 3009 DUFF DR

City
COMFORTState
TXZip Code
78013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WACKENHUTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769675

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

49.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1060 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNADAY, JOHN TAYLOR, , ,Mailing Address 408 LEBANON ST
APT 3City
MELROSEState
MAZip Code
02176-4800FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681429

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNEDY, ANDREW, , ,

Mailing Address 31369 EAGLES PERCH LN

City
BONSALLState
CAZip Code
92003-4612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732807

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENNEDY, ANDREW, , ,

Mailing Address 31369 EAGLES PERCH LN

City
BONSALLState
CAZip Code
92003-4612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735825

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

330.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1061 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNEDY, ANDREW, , ,

Mailing Address 31369 EAGLES PERCH LN

City
BONSALLState
CAZip Code
92003-4612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754856

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNEDY, ANDREW, , ,

Mailing Address 31369 EAGLES PERCH LN

City
BONSALLState
CAZip Code
92003-4612FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797248

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENNEDY, CATHERINE, , ,

Mailing Address 4 BRIARWOOD LN

City
BURLINGTONState
MAZip Code
01803-3013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OPTOMETRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728050

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1062 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNEDY, JOHN, , ,Mailing Address 25 E 86TH ST
11GCity
NEW YORKState
NYZip Code
10028-0553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PAUL WEISS RIFKIND WHARTON & GARRISON

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698522

Amount of Each Receipt this Period

40000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNELLY, GARY, , ,

Mailing Address 4000 44TH ST

City
ROCK ISLANDState
ILZip Code
61201-7127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741448

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENNISH, JOHN, M, ,

Mailing Address 12821 CHAPEL DR

City
ANCHORAGEState
AKZip Code
99516-2614FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662771

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

40265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENNISH, JOHN, M, ,

Mailing Address 12821 CHAPEL DR

City
ANCHORAGEState
AKZip Code
99516-2614FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671985

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENNISH, JOHN, M, ,

Mailing Address 12821 CHAPEL DR

City
ANCHORAGEState
AKZip Code
99516-2614FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44671986

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENT, MICHAEL, , ,

Mailing Address 24 KENDAL AVE

City
MAPLEWOODState
NJZip Code
07040-1143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FISERVOccupation (for Individual)
APPLICATION SOFTWARE DEVELOPI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690793

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1064 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENT, MICHAEL, , ,

Mailing Address 24 KENDAL AVE

City
MAPLEWOODState
NJZip Code
07040-1143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FISERVOccupation (for Individual)
APPLICATION SOFTWARE DEVELOP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44690795

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KENT, MICHAEL, , ,

Mailing Address 24 KENDAL AVE

City
MAPLEWOODState
NJZip Code
07040-1143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FISERVOccupation (for Individual)
APPLICATION SOFTWARE DEVELOP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713375

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KENT, MICHAEL, , ,

Mailing Address 24 KENDAL AVE

City
MAPLEWOODState
NJZip Code
07040-1143FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FISERVOccupation (for Individual)
APPLICATION SOFTWARE DEVELOPI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754632

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1065 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENYON, ROBERT, , ,

Mailing Address 5513 HARNEY ST

City
OMAHAState
NEZip Code
68132-3435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44695049

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERNS, CHRISTOPHER, , ,

Mailing Address 739 6TH ST S

City
SAFETY HARBORState
FLZip Code
34695-4241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GULFFIBEROPTICS INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734797

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KERNS, CHRISTOPHER, , ,

Mailing Address 739 6TH ST S

City
SAFETY HARBORState
FLZip Code
34695-4241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GULFFIBEROPTICS INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751183

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KERNS, CHRISTOPHER, , ,

Mailing Address 739 6TH ST S

City
SAFETY HARBORState
FLZip Code
34695-4241FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GULFFIBEROPTICS INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783702**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERR, PETER, , ,

Mailing Address 2000 43RD AVE E

City
SEATTLEState
WAZip Code
98112-2704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721723**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KERRY, CAMERON, , ,

Mailing Address 21 ADELAIDE ST

City
JAMAICA PLAINState
MAZip Code
02130-2119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MINTZ LEVIN COHN FERRIS GLOVSKY & POPEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741005**

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1067 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KERSEY, GEORGE, , ,

Mailing Address 7079 RED APPLE RD

City
ANTIOCHState
TNZip Code
37013-4895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AUSTIN PEAY STATE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733523**

Amount of Each Receipt this Period

15.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KERSEY, GEORGE, , ,

Mailing Address 7079 RED APPLE RD

City
ANTIOCHState
TNZip Code
37013-4895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AUSTIN PEAY STATE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792128**

Amount of Each Receipt this Period

25.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KERSEY, GEORGE, , ,

Mailing Address 7079 RED APPLE RD

City
ANTIOCHState
TNZip Code
37013-4895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AUSTIN PEAY STATE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796553**

Amount of Each Receipt this Period

25.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIDD, JULIE, , ,

Mailing Address 1088 PARK AVE

City
NEW YORKState
NYZip Code
10128-1132FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

CHRISTIAN A JOHNSON ENDEAVOR FUNDATION

Occupation (for Individual)

PRESIDENT

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693712**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIDDER, LEW, , ,

Mailing Address 1768 KESTREL WAY

City
ANN ARBORState
MIZip Code
48103FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728064**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIENKER, KAREN, A., ,

Mailing Address 8895 SUMMIT DR

City
CLIVEState
IAZip Code
50325-5431FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

PHYSICIAN

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748625**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KILLAM, ADRIAN, , ,

Mailing Address 304 EANES SCHOOL RD

City
WEST LAKE HILLSState
TXZip Code
78746-6418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KILLAM COMPANIESOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677728**

Amount of Each Receipt this Period

1500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KILSON, MARION, D., ,

Mailing Address 306 APPLETON ST

City
ARLINGTONState
MAZip Code
02476-7119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
UNIVERSITY DEAU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707145**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIM, NANYOUNG, , ,

Mailing Address 1412 N OVERLOOK DR

City
GREENVILLEState
NCZip Code
27858-4603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EAST CAROLINA UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662794**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1605.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIMMEL, REIDA, J., ,

Mailing Address 30306 FOX HOLLOW RD

City
EUGENEState
ORZip Code
97405-9436FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728073**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIMMEL, REIDA, J., ,

Mailing Address 30306 FOX HOLLOW RD

City
EUGENEState
ORZip Code
97405-9436FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767130**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIMMEL, REIDA, J., ,

Mailing Address 30306 FOX HOLLOW RD

City
EUGENEState
ORZip Code
97405-9436FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767734**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1071 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINDER, THOMAS, , ,

Mailing Address 5669 RAVENEL LN

City
NORTH SPRINGFIELDState
VAZip Code
22151-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647926**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINDER, THOMAS, , ,

Mailing Address 5669 RAVENEL LN

City
NORTH SPRINGFIELDState
VAZip Code
22151-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764054**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KING, DAVID, B., ,

Mailing Address 4866 PORTER ST

City
FREMONTState
CAZip Code
94538-2526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724334**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1072 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KING, JAMES, , ,Mailing Address 1812 KALAKAUA AVE
APT 606City
HONOLULUState
HIZip Code
96815-1572FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738879

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KING, KATHERINE, , ,

Mailing Address 2410 WARREN AVE N

City
SEATTLEState
WAZip Code
98109-2024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDSCAPE DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698576

Amount of Each Receipt this Period

625.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KING, KATHERINE, , ,

Mailing Address 2410 WARREN AVE N

City
SEATTLEState
WAZip Code
98109-2024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LANDSCAPE DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44748984

Amount of Each Receipt this Period

- 625.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KING, LIAM, A., ,Mailing Address 474 48TH AVE
APT 38CCity
LONG ISLAND CITYState
NYZip Code
11109-5626FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795309**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KING, P, T, ,

Mailing Address 3361 REGENT PL SW

City
ATLANTAState
GAZip Code
30311-3094FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723977**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINGSTON, MARY, , ,

Mailing Address 16817 UPPER 20TH ST S

City
LAKELANDState
MNZip Code
55043-9416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643221**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

435.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1074 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINGSTON, MARY, , ,

Mailing Address 16817 UPPER 20TH ST S

City
LAKELANDState
MNZip Code
55043-9416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662806

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINGSTON, MARY, , ,

Mailing Address 16817 UPPER 20TH ST S

City
LAKELANDState
MNZip Code
55043-9416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672045

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINGSTON, MARY, , ,

Mailing Address 16817 UPPER 20TH ST S

City
LAKELANDState
MNZip Code
55043-9416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713458

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

77.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINGSTON, MARY, , ,

Mailing Address 16817 UPPER 20TH ST S

City
LAKELANDState
MNZip Code
55043-9416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728083**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINIRY, MARY, , ,

Mailing Address 13 GLENDALE DR

City
DANBURYState
CTZip Code
06811-3202FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723979**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINLEY, KATHLEEN, , ,

Mailing Address 333 E 6TH ST

City
ONTARIOState
CAZip Code
91764-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ONTARIO MONTCLAIR SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704480**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

426.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1076 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINLEY, KATHLEEN, , ,

Mailing Address 333 E 6TH ST

City
ONTARIOState
CAZip Code
91764-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ONTARIO MONTCLAIR SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736508**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINLEY, KATHLEEN, , ,

Mailing Address 333 E 6TH ST

City
ONTARIOState
CAZip Code
91764-1721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ONTARIO MONTCLAIR SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791231**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINNEY, ANN, , ,Mailing Address 19 E 72ND ST
APT 9ACity
NEW YORKState
NYZip Code
10021-4193FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44633900**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINNEY, ANN, , ,Mailing Address 19 E 72ND ST
APT 9ACity
NEW YORKState
NYZip Code
10021-4193FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783279**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINNEY, ANN, , ,Mailing Address 19 E 72ND ST
APT 9ACity
NEW YORKState
NYZip Code
10021-4193FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44797131**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINSLEY, MICHAEL, , ,

Mailing Address 100 MERRILL LN

City
SNOWMASSState
COZip Code
81654-9223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FACILITATION STRATEGIC PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44739585**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1078 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KINSLOW, STEPHEN, , ,

Mailing Address 2412 SORIN ST

City
AUSTINState
TXZip Code
78723-5327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698581**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KINSLOW, STEPHEN, , ,

Mailing Address 2412 SORIN ST

City
AUSTINState
TXZip Code
78723-5327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787622**

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIRBY, STEPHEN, , ,

Mailing Address 840 CHATSWORTH LN

City
REDWOOD CITYState
CAZip Code
94061-3670FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768553**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

788.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1079 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KIRK, MICHAEL, , ,

Mailing Address 3838 E C ST

City
TACOMAState
WAZip Code
98404-1440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771618

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KIRKPATRICK, BRIAN, , ,

Mailing Address 10441 SAINT CROIX LN

City
MANASSASState
VAZip Code
20109-7120FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LATISYSOccupation (for Individual)
TECHNICAL SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672070

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KIRLEIS, KIRSTEN, , ,

Mailing Address 5871 MIDWAY DR

City
HUNTINGTON BEACHState
CAZip Code
92648-1023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739588

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KISH, JESSICA, , ,

Mailing Address 18277 BEL AIRE DR

City
LOWELLState
INZip Code
46356-2175FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW CHAPTER REAL ESTATEOccupation (for Individual)
BROKER OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807062**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITABAYASHI, MARK, , ,

Mailing Address 7726 CANTERWOOD DR SE

City
OLYMPIAState
WAZip Code
98513-6518FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINDERMERE RE / PUYALLUPOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807059**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643228**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1081 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672082**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698592**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698593**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713481**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713482**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713483**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713485**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704489**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763177**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1084 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768471**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781576**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781906**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1085 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782565

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783044

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786558

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1086 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KITCHENS, LINDA, , ,

Mailing Address PO BOX 8223

City
AMARILLOState
TXZip Code
79114-8223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788063**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLEIN, ANN, , ,

Mailing Address 2118 LEXINGTON CIR

City
LITTLE RIVERState
SCZip Code
29566-9102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757765**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLEIN, BENJAMIN, , ,

Mailing Address 1401 KENWOOD AVE

City
ALEXANDRIAState
VAZip Code
22302-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INVARIANTOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660716**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1087 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLEIN, NORA, , ,

Mailing Address 9416 DENBURY WAY

City
HOUSTONState
TXZip Code
77025-4009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MEDICAL FIELD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738327

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLEIN, NORA, , ,

Mailing Address 9416 DENBURY WAY

City
HOUSTONState
TXZip Code
77025-4009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
MEDICAL FIELD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44758841

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLEINMAN, ISOBEL, , ,

Mailing Address 11011 QUEENS BLVD
APT 26GCity
FOREST HILLSState
NYZip Code
11375-5410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780281

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

187.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLIBANOFF, ALAN, , ,

Mailing Address 3532 GALLERIA AVE

City
PALM HARBORState
FLZip Code
34683-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713519**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLIBANOFF, ALAN, , ,

Mailing Address 3532 GALLERIA AVE

City
PALM HARBORState
FLZip Code
34683-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704493**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLIBANOFF, ALAN, , ,

Mailing Address 3532 GALLERIA AVE

City
PALM HARBORState
FLZip Code
34683-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749372**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLINE, BRUCE, , ,

Mailing Address 8106 GREENBELT DR

City
URBANDALEState
IAZip Code
50322-1638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ZIROUSOccupation (for Individual)
SENIOR APPLICATION DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713520**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLINE, BRUCE, , ,

Mailing Address 8106 GREENBELT DR

City
URBANDALEState
IAZip Code
50322-1638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ZIROUSOccupation (for Individual)
SENIOR APPLICATION DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762823**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLINE, KARL, , ,

Mailing Address 802 SUMMER BREEZE PATH

City
COCHRANVILLEState
PAZip Code
19330-1041FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756703**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLITZMAN, STEVE, , ,Mailing Address 4701 WILLARD AVE
APT 714City
CHEVY CHASEState
MDZip Code
20815-4616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672117**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KLOPFENSTEIN, WILLIAM, E., ,

Mailing Address 4989 N STATE ROUTE 159

City
EDWARDSVILLEState
ILZip Code
62025-5702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738232**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KLUMP, JAMES, B., ,Mailing Address 639 E JEFFERSON ST
UNIT 209City
LOUISVILLEState
KYZip Code
40202-4151FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693546**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1091 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLUSE, M., R., ,

Mailing Address 40 BROOKSIDE DR

City
SAN ANSELMOState
CAZip Code
94960-1439FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724286

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KMAT, FRANK, P., ,

Mailing Address 3635 N CLEARWATER LN

City
BROOKHAVENState
PAZip Code
19015-2155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765399

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNABLE THOMPSON, JENNIFER, , ,

Mailing Address 13585 OPERA RD

City
LEOPOLDState
INZip Code
47551-9023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702544

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1092 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNIGHT, ED, , ,Mailing Address 500 PEARSON CIR
APT 2026City
FREDERICKState
MDZip Code
21702-3426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792336

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNIGHT, KENNETH, C, ,

Mailing Address 6750 CHARDONNAY RD

City
PASO ROBLESState
CAZip Code
93446-7185FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KNIGHT & LEAVITTOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744660

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNIGHT, WILLIAM, , ,

Mailing Address 120 NOD WAY

City
AVONState
CTZip Code
06001-3815FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ADAMS & KNIGHTOccupation (for Individual)
ART DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721759

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1093 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNIGHT, WILLIAM, , ,

Mailing Address 120 NOD WAY

City
AVONState
CTZip Code
06001-3815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADAMS & KNIGHTOccupation (for Individual)
ART DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789036**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNOBLER, JOANNA, , ,

Mailing Address 162 STATE ST

City
BROOKLYNState
NYZip Code
11201-5610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713541**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNOELL, CHARLES, O., ,

Mailing Address 84 -07 77 AVE

City
GLENDALEState
NYZip Code
11385FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759359**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1094 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNOL, JAMES, , ,

Mailing Address 1778 SNOWBERRY RIDGE RD

City
ANN ARBORState
MIZip Code
48103-9228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728101

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNOL, JAMES, , ,

Mailing Address 1778 SNOWBERRY RIDGE RD

City
ANN ARBORState
MIZip Code
48103-9228FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771059

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNOLL, SUZANNE, , ,

Mailing Address 572 BETTY SPRING RD

City
GARDNERState
MAZip Code
01440-2490FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748574

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNOWLTON, VICTORIA, , ,

Mailing Address 42 CURTIS ST

City
ROCKPORTState
MAZip Code
01966-1242FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COMM OF MA DEPT OF PUBLIC HEALTHOccupation (for Individual)
NURSE PRACTITIONER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713552

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNOX, MELBURN, C, ,

Mailing Address 505 29TH AVE

City
SAN FRANCISCOState
CAZip Code
94121-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713554

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNOX, MELBURN, C, ,

Mailing Address 505 29TH AVE

City
SAN FRANCISCOState
CAZip Code
94121-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

885.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744340

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNOX, MELBURN, C, ,

Mailing Address 505 29TH AVE

City
SAN FRANCISCOState
CAZip Code
94121-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784390

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNOX, MELBURN, C, ,

Mailing Address 505 29TH AVE

City
SAN FRANCISCOState
CAZip Code
94121-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792117

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNOX, MELBURN, C, ,

Mailing Address 505 29TH AVE

City
SAN FRANCISCOState
CAZip Code
94121-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799869

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNOX, SARAH, , ,

Mailing Address 41 HARTFORD AVE

City
MADISONState
CTZip Code
06443-2743FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
YOGA INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800881

Amount of Each Receipt this Period

113.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNYSH, ANDREW, , ,

Mailing Address 12508 NW 74TH PL

City
PARKLANDState
FLZip Code
33076-4208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OMEGA FORENSICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662846

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNYSH, ANDREW, , ,

Mailing Address 12508 NW 74TH PL

City
PARKLANDState
FLZip Code
33076-4208FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OMEGA FORENSICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683447

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

188.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KNYSH, ANDREW, , ,

Mailing Address 12508 NW 74TH PL

City
PARKLANDState
FLZip Code
33076-4208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OMEGA FORENSICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713559**

Amount of Each Receipt this Period

36.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KNYSH, ANDREW, , ,

Mailing Address 12508 NW 74TH PL

City
PARKLANDState
FLZip Code
33076-4208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OMEGA FORENSICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743455**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KNYSH, ANDREW, , ,

Mailing Address 12508 NW 74TH PL

City
PARKLANDState
FLZip Code
33076-4208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OMEGA FORENSICOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

348.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44780835**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1099 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOBLLENZ, DEANNA, , ,

Mailing Address 17111 COBBLE SHORES DR

City
TOMBALLState
TXZip Code
77377-8079FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698631

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOBLLENZ, DEANNA, , ,

Mailing Address 17111 COBBLE SHORES DR

City
TOMBALLState
TXZip Code
77377-8079FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796277

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOELSCH, ERIC, W, ,

Mailing Address 15111 N CUSTER LN

City
MEADState
WAZip Code
99021-9016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672146

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1100 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713571

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713572

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713573

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713574

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713575

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740076

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1102 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740387

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740461

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743301

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1103 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOFFMAN, MICHAEL, , ,

Mailing Address 106 WOODLAND ST

City
NATICKState
MAZip Code
01760-5445FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767907

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOLZE, RONALD, C., ,

Mailing Address 8592 ROSWELL RD
APT 246City
ATLANTAState
GAZip Code
30350-1867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729038

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KONDO, RONALD, , ,

Mailing Address 2545 E ROBERTA DR

City
ORANGEState
CAZip Code
92869-4646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666152

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1104 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KONDULIS, JOHN, W, ,

Mailing Address 100 LINCOLN AVE

City
MINEOLAState
NYZip Code
11501-2870FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654744**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOONIN, ANDREA, , ,

Mailing Address 8663 SW 113TH CT

City
MIAMIState
FLZip Code
33173-4235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722957**

Amount of Each Receipt this Period

110.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOPCSAK, MICHAEL, , ,

Mailing Address 16836 FALCON SOUND DR

City
MONTGOMERYState
TXZip Code
77356-8386FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732849**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1105 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOPCSAK, MICHAEL, , ,

Mailing Address 16836 FALCON SOUND DR

City
MONTGOMERYState
TXZip Code
77356-8386FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44750358**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOPECKY, MILLY, , ,

Mailing Address 710 DISCIPLES WAY

City
GREENWOODState
INZip Code
46143-7265FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713594**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOPECKY, MILLY, , ,

Mailing Address 710 DISCIPLES WAY

City
GREENWOODState
INZip Code
46143-7265FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44735815**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1106 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOPPEL, TRACY, FORGIE, ,

Mailing Address PO BOX 15082

City
CHICAGOState
ILZip Code
60615-5138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690873**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOPPEL, TRACY, FORGIE, ,

Mailing Address PO BOX 15082

City
CHICAGOState
ILZip Code
60615-5138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785148**

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KORENMAN, STANLEY, E, ,Mailing Address 865 COMSTOCK AVE
APT 12DCity
LOS ANGELESState
CAZip Code
90024-2586FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCLAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738870**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1107 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KORNEY, MICHAEL, , ,

Mailing Address 336 S ROXBURY DR

City
BEVERLY HILLSState
CAZip Code
90212-3711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792838**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KORTEN, NOEL, , ,

Mailing Address 4575 ORCHID DR

City
LOS ANGELESState
CAZip Code
90043-3320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 4479217**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOSINSKI, ROBERT, , ,

Mailing Address 132 LONG HALL

City
CLEMSONState
SCZip Code
29634-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647964**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOSINSKI, ROBERT, , ,

Mailing Address 132 LONG HALL

City
CLEMSONState
SCZip Code
29634-0001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672175

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662862

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662863

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

152.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683459

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698653

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729261

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1110 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744577

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOSOSKI, CAROL, , ,

Mailing Address 5225 LAKESHORE DR

City
COLUMBIAState
SCZip Code
29206-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763299

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOTTERMAN, CHRISTOPHER, M., ,Mailing Address 2233 E HIGHLAND AVE
UNIT 128City
PHOENIXState
AZZip Code
85016-4878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF AZ.Occupation (for Individual)
GOVERNMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681704

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

324.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOTTMIEIER, STEPHEN, J, ,

Mailing Address 18600 BLYTHSWOOD DR

City
LOS GATOSState
CAZip Code
95030-3005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOPKINS & CARLEYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657087**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUKOL, DARWIN, L., ,

Mailing Address 2175 PENN RD

City
CUBAState
KSZip Code
66940-8024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FARMEROccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44753619**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

474.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44662868**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672183

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672184

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690882

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698656

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713614

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713615

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728125

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738166

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739172

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1115 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

748.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739686

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

773.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762358

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780469

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1116 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783828

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784186

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

935.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784498

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1117 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800309

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOUSSER, JOSEPH, MORGAN, ,

Mailing Address 1818 CRAIG AVE

City
ALTADENAState
CAZip Code
91001-3430FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHOccupation (for Individual)
HISTORY PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801339

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOVAC, WILLIAM, , ,

Mailing Address 9610 LISMORE LN

City
MENTORState
OHZip Code
44060-4592FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731724

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

301.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1118 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOVESI-DOMOKOS, SUSAN, , ,Mailing Address 830 W 40TH ST
APT 803City
BALTIMOREState
MDZip Code
21211-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662869

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOVESI-DOMOKOS, SUSAN, , ,Mailing Address 830 W 40TH ST
APT 803City
BALTIMOREState
MDZip Code
21211-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782658

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KOVESI-DOMOKOS, SUSAN, , ,Mailing Address 830 W 40TH ST
APT 803City
BALTIMOREState
MDZip Code
21211-2133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800815

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

205.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KOZAK, STEFAN, P., ,

Mailing Address 44 OAKMONT DR

City
SPRINGFIELDState
ILZip Code
62704-6207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722308**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRAEMER, KEVIN, , ,

Mailing Address 2707 MOUNT ROYAL RD

City
PITTSBURGHState
PAZip Code
15217-2547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745018**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRAFT, BEVERLY, , ,

Mailing Address 12032 BONNIE DR

City
LEXINGTONState
MOZip Code
64067-7159FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RR DONNELLEYOccupation (for Individual)
PURCHASING COORDINATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747501**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1120 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRAFT, PHILIP, , ,

Mailing Address 157 COCONUT ST

City
SEBASTIANState
FLZip Code
32958-4011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44772121

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRAMER, BRUCE, , ,Mailing Address 445 W 48TH ST
APT 4BCity
NEW YORKState
NYZip Code
10036-1294FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ODYSSEY HOUSEOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690892

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRASNICAN, JANET, , ,

Mailing Address 6505 WILMETT RD

City
BETHESDAState
MDZip Code
20817-2317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.48

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704522

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

570.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1121 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRAUS, BARBARA, , ,

Mailing Address 5629 S CROWLEY

City
MESAState
AZZip Code
85212-8626FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44767609**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KREHBIEL, KAY, P., ,

Mailing Address 705 FITCH ST

City
SOCORROState
NMZip Code
87801-4617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672214**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KREHBIEL, KAY, P., ,

Mailing Address 705 FITCH ST

City
SOCORROState
NMZip Code
87801-4617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44683477**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1122 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KREHBIEL, KAY, P., ,

Mailing Address 705 FITCH ST

City
SOCORROState
NMZip Code
87801-4617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690899**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KREIKEMEIER, TERRY, , ,

Mailing Address 2941 ALTERGOTT RD

City
GARFIELDState
WAZip Code
99130-8710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AERO CRAFT INCOccupation (for Individual)
EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672216**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRESS, ALLEN, J., ,

Mailing Address 8229 VAN BUREN AVE

City
MUNSTERState
INZip Code
46321-1631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665137**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1123 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRESSER, MICHAEL, , ,

Mailing Address 17670 VISTA AVE

City
MONTE SERENOState
CAZip Code
95030-3256FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693675

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRISHNAN, SUMI, , ,

Mailing Address 2980 STELLA BLUE LN

City
FAIRFAXState
VAZip Code
22031-2257FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
K4 SOLUTIONSOccupation (for Individual)
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672229

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRIVANEK, ROBIN, C., ,Mailing Address 13901 SHELL POINT PLZ
UNIT 418City
FORT MYERSState
FLZip Code
33908-2920FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706961

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1124 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KROLL, GERALD, , ,

Mailing Address 20730 SEA PINE DR

City
KATYState
TXZip Code
77450-4235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE FARMOccupation (for Individual)
AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702346

Amount of Each Receipt this Period

201.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRONSTADT, JESSICA, , ,

Mailing Address 4800 CHEVY CHASE DR

City

CHEVY CHASE

State

MD

Zip Code

20815-6453

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORCOccupation (for Individual)
RESEARCH ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643257

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KROUK, MARIANNE, , ,

Mailing Address 3312 RIVER BIRCH LN

City

MIDDLETON

State

WI

Zip Code

53562-1777

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE PSYCHOLOGY CENTEROccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2025

Transaction ID : 44677583

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

601.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1125 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KROUPA, GARY, R., ,

Mailing Address 3301 AMERICAN RIVER DR

City
SACRAMENTOState
CAZip Code
95864-5712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44655309**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KROUT, JOHN, A., ,

Mailing Address 37 HARTWOOD RD

City
ITHACAState
NYZip Code
14850-9696FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743266**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KROW-LUCAL, STEVEN, , ,

Mailing Address 468 NUESTRA AVE

City
SUNNYVALEState
CAZip Code
94086-7555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44735893**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1126 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRUGER, KENNETH, , ,

Mailing Address 1134 ESHOM RD

City
CENTRALIAState
WAZip Code
98531-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637370

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRUGER, KENNETH, , ,

Mailing Address 1134 ESHOM RD

City
CENTRALIAState
WAZip Code
98531-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672242

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRUGER, KENNETH, , ,

Mailing Address 1134 ESHOM RD

City
CENTRALIAState
WAZip Code
98531-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698685

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1127 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRUGER, KENNETH, , ,

Mailing Address 1134 ESHOM RD

City
CENTRALIAState
WAZip Code
98531-1607FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755537

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KRUM, THOMAS, , ,

Mailing Address 46297 PASEO PADRE PKWY

City
FREMONTState
CAZip Code
94539-6925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684884

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KRUPP, GEORGE, , ,

Mailing Address 1 BEACON ST
STE 1500City
BOSTONState
MAZip Code
02108-3124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE BERKSHIRE GROUPOccupation (for Individual)
CO-CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44667131

Amount of Each Receipt this Period

44300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44580.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1128 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KRUPP, LIZBETH, , ,Mailing Address 1 BEACON ST
STE 1500City
BOSTONState
MAZip Code
02108-3139FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44641788

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KU, LEIGHTON, , ,

Mailing Address 1848 INGLESIDE TER NW

City
WASHINGTONState
DCZip Code
20010-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CENTER ON BUDGETOccupation (for Individual)
SENIOR FELLOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751813

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUEFFNER, VINCENT, , ,

Mailing Address 423 E AVENIDA GRANADA

City
PALM SPRINGSState
CAZip Code
92264-0410FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772008

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUEHLER, ROBERT, C., ,

Mailing Address 46 BLUE HERON DR

City
THORNTONState
COZip Code
80241-4101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF COLORADOOccupation (for Individual)
CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780277

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2320.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44637374

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2335.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657126

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1130 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2835.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672251**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683486**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713668**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1131 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713669**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713670**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736988**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1132 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762921**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUEHLTHAU, ROBERT, , ,

Mailing Address 819 BAYLOR DR SE

City
HUNTSVILLEState
ALZip Code
35802-1903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794138**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUHN, SANDRA, , ,

Mailing Address 15300 20 MILE RD

City
MARSHALLState
MIZip Code
49068-9396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721805**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1133 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUHN, SANDRA, , ,

Mailing Address 15300 20 MILE RD

City
MARSHALLState
MIZip Code
49068-9396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740841

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUHN, SANDRA, , ,

Mailing Address 15300 20 MILE RD

City
MARSHALLState
MIZip Code
49068-9396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44763230

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUHN, SANDRA, , ,

Mailing Address 15300 20 MILE RD

City
MARSHALLState
MIZip Code
49068-9396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800016

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1134 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KULO, JEFFREY, J., ,

Mailing Address 39 CHRISWOOD TRCE

City
LEDYARDState
CTZip Code
06339-1944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724701

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KULZER, CINDY, , ,

Mailing Address 3337 15TH ST NW

City
BUFFALOState
MNZip Code
55313-4508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KULZER CONSULTING INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704543

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KULZER, CINDY, , ,

Mailing Address 3337 15TH ST NW

City
BUFFALOState
MNZip Code
55313-4508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KULZER CONSULTING INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769054

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1135 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUMPFER, KAROL, , ,

Mailing Address 5215 E PIONEER FORK RD

City
SALT LAKE CITYState
UTZip Code
84108-1678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672260

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUMPFER, KAROL, , ,

Mailing Address 5215 E PIONEER FORK RD

City
SALT LAKE CITYState
UTZip Code
84108-1678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672261

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KUMPFER, KAROL, , ,

Mailing Address 5215 E PIONEER FORK RD

City
SALT LAKE CITYState
UTZip Code
84108-1678FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713676

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1136 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUNS, JERRY, , ,Mailing Address 4325 23RD ST
2City
SAN FRANCISCOState
CAZip Code
94114-3111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44747200

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KUPLESKY, HAROLD, B., ,

Mailing Address 25 NEARWATER LN

City
RIVERSIDEState
CTZip Code
06878-1105FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679390

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KURNICK, SALLY, , ,

Mailing Address 16251 TISBURY CIR

City
HUNTINGTON BEACHState
CAZip Code
92649-2142FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643267

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1137 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KURNICK, SALLY, , ,

Mailing Address 16251 TISBURY CIR

City
HUNTINGTON BEACHState
CAZip Code
92649-2142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750644

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KURTZ, JOEL, , ,

Mailing Address 1245 TUCKER RD

City
CALISTOGAState
CAZip Code
94515-9620FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739278

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KURTZ, PENNY, , ,

Mailing Address 27 OXFORD PL

City
ALBANYState
NYZip Code
12203-4707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

387.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738695

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

737.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1138 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KURTZ, THOMAS, , ,

Mailing Address 117 N OAK GROVE DR

City
MADISONState
WIZip Code
53717-1196FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WISCONSINOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672273**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KURZMAN, AMANDA, , ,

Mailing Address 3897 BLUE HEIGHTS DR

City
TRAVERSE CITYState
MIZip Code
49686-8149FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734247**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LABINE, ROLAND, , ,

Mailing Address 199 BERKELEY PL

City
BROOKLYNState
NYZip Code
11217-3801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44647989**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1139 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LACEY, JIM, J., ,

Mailing Address 20318 N TONOPAH CT

City
BUCKEYEState
AZZip Code
85396-9236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672300**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LADD, C, MARSTON, ,

Mailing Address 5 CRICKET CT

City
OLD SAYBROOKState
CTZip Code
06475-2405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44662922**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LADD, C, MARSTON, ,

Mailing Address 5 CRICKET CT

City
OLD SAYBROOKState
CTZip Code
06475-2405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782014**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1140 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAHNSTON, ALISON, , ,

Mailing Address 35 SCHOONER ST
APT 409City
DAMARISCOTTAState
MEZip Code
04543-4057FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698724

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAHOWCHIC, DIANE, , ,

Mailing Address 12909 VENETO SPRINGS DR

City
BOYNTON BEACHState
FLZip Code
33473-7125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722407

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAHR, JOHN, , ,

Mailing Address 110 RIVERSIDE DR

City
NEW YORKState
NYZip Code
10024-3715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEW YORKEROccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44662926

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1141 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAHR, JOHN, , ,

Mailing Address 110 RIVERSIDE DR

City
NEW YORKState
NYZip Code
10024-3715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORKEROccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672317**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAHR, JOHN, , ,

Mailing Address 110 RIVERSIDE DR

City
NEW YORKState
NYZip Code
10024-3715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORKEROccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721829**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LALANI, OMAR, , ,

Mailing Address 2 HAYFIELD CT

City
MOORESTOWNState
NJZip Code
08057-2145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USRSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767100**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1142 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAM, PAULINE, , ,

Mailing Address 2604 WHITNEY DR

City
ALHAMBRAState
CAZip Code
91803-4429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KOTAI REALTYOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44807054

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMB, STEPHEN, , ,

Mailing Address 128 SCHOOL RD

City
WILMINGTONState
DEZip Code
19803-4523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL WEISSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44662929

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMB, STEPHEN, , ,

Mailing Address 128 SCHOOL RD

City
WILMINGTONState
DEZip Code
19803-4523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL WEISSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

640.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721832

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1143 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMB, STEPHEN, , ,

Mailing Address 128 SCHOOL RD

City
WILMINGTONState
DEZip Code
19803-4523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL WEISSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736731**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMB, STEPHEN, , ,

Mailing Address 128 SCHOOL RD

City
WILMINGTONState
DEZip Code
19803-4523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL WEISSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762598**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMB, STEPHEN, , ,

Mailing Address 128 SCHOOL RD

City
WILMINGTONState
DEZip Code
19803-4523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL WEISSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

815.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787838**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1144 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMBERT, DAVID, R., ,

Mailing Address 4607 BRIAR RIDGE RD

City
OCEANSIDEState
CAZip Code
92056-2233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643281

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMBERT, DAVID, R., ,

Mailing Address 4607 BRIAR RIDGE RD

City
OCEANSIDEState
CAZip Code
92056-2233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672330

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMBERT, DAVID, R., ,

Mailing Address 4607 BRIAR RIDGE RD

City
OCEANSIDEState
CAZip Code
92056-2233FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799294

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1145 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMBERT, GLADYS, , ,

Mailing Address 1432 E 39TH ST

City
SAVANNAHState
GAZip Code
31404-3510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729137

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAMKIN, ELIZABETH, , ,

Mailing Address 2020 ARUNDEL PL

City
MT PLEASANTState
SCZip Code
29464-6200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785433

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMSON, WADE, , ,

Mailing Address 4024 TILDEN N TILDEN LN

City
LAFAYETTEState
CAZip Code
94549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723738

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

1200.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1146 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAMSON, WADE, , ,

Mailing Address 4024 TILDEN N TILDEN LN

City
LAFAYETTEState
CAZip Code
94549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786162

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANCKI, PRISCILLA, , ,

Mailing Address 1928 W FARWELL AVE

City
CHICAGOState
ILZip Code
60626-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728176

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANCKI, PRISCILLA, , ,

Mailing Address 1928 W FARWELL AVE

City
CHICAGOState
ILZip Code
60626-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762620

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1147 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANCKI, PRISCILLA, , ,

Mailing Address 1928 W FARWELL AVE

City
CHICAGOState
ILZip Code
60626-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768052

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDAU, BARBARA, , ,

Mailing Address 1 SKY MEADOW FARM

City
PURCHASEState
NYZip Code
10577-2508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713771

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDAU, BARBARA, , ,

Mailing Address 1 SKY MEADOW FARM

City
PURCHASEState
NYZip Code
10577-2508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44716397

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANDAU, BARBARA, , ,

Mailing Address 1 SKY MEADOW FARM

City
PURCHASEState
NYZip Code
10577-2508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768766**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDAU, BARBARA, , ,

Mailing Address 1 SKY MEADOW FARM

City
PURCHASEState
NYZip Code
10577-2508FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796751**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDER, GARY, , ,

Mailing Address 4118 CHERRYTON DR

City
CHATTANOOGAState
TNZip Code
37411-3712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745633**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1149 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANDRY, JENNIFER, , ,

Mailing Address 2 WATER ST

City
BROOKLYNState
NYZip Code
11201-1439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686135**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANDSVERK, ELIZABETH, , ,

Mailing Address 20 HOODS POINT WAY

City
SAN MATEOState
CAZip Code
94402-4011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672353**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANE, CHRISTOPHER, , ,

Mailing Address 480 NEWPORT ST

City
DENVERState
COZip Code
80220-6020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648005**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1150 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANE, CORINNE, , ,

Mailing Address 1092 BLUFF RD

City
GLENCOEState
ILZip Code
60022-1100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732055**

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANE, DENNY, , ,

Mailing Address 1312 INDEPENDENCE AVE SE

City
WASHINGTONState
DCZip Code
20003-2365FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753396**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANE, STEVEN, E., ,

Mailing Address 13 SAND HILL RD

City
MORRISTOWNState
NJZip Code
07960-5927FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRUDENTIAL FINANCIALOccupation (for Individual)
VICE PRESIDENT HUMAN RESOURCI

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694145**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1151 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANG, DANIEL, , ,

Mailing Address 2818 PUTNAM ST

City
LOS ANGELESState
CAZip Code
90039-2642FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MILANG, LLCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721844

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANGENECKER, SCOTT, , ,

Mailing Address 1618 GRENOBLE RD

City
UPPER ARLINGTONState
OHZip Code
43221-3849FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF UTAHOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785367

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANGER, DAVID, , ,

Mailing Address 9714 71ST AVE

City
FOREST HILLSState
NYZip Code
11375-5912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LATHAM & WATKINS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801290

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1152 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANGLAND, PAUL, , ,Mailing Address 433 W 21ST ST
APT 12BCity
NEW YORKState
NYZip Code
10011-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYUOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754753**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANGMAN, CLAUDIA, , ,

Mailing Address 2129 W CONCORD PL

City
CHICAGOState
ILZip Code
60647-5406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683520**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANGMAN, CLAUDIA, , ,

Mailing Address 2129 W CONCORD PL

City
CHICAGOState
ILZip Code
60647-5406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690949**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1153 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANGMAN, CLAUDIA, , ,

Mailing Address 2129 W CONCORD PL

City
CHICAGOState
ILZip Code
60647-5406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790551

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANIER, RICHARD, , ,

Mailing Address 33 INDIAN MOUNTAIN RD

City
LAKEVILLEState
CTZip Code
06039-2001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

812.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690951

Amount of Each Receipt this Period

625.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANIER, RICHARD, , ,

Mailing Address 33 INDIAN MOUNTAIN RD

City
LAKEVILLEState
CTZip Code
06039-2001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

187.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44748985

Amount of Each Receipt this Period

- 625.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1154 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANSNER, DAVID, , ,

Mailing Address 411 9TH ST

City
BROOKLYNState
NYZip Code
11215-4101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LANSNER & KUBITSCHKOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657210**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANTERMAN, DOUG, , ,

Mailing Address 11654 LAKESHORE SO

City
KAILUA KONAState
HIZip Code
96740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672376**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANTERMAN, DOUG, , ,

Mailing Address 11654 LAKESHORE SO

City
KAILUA KONAState
HIZip Code
96740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713814**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANTERMAN, DOUG, , ,

Mailing Address 11654 LAKESHORE SO

City
KAILUA KONAState
HIZip Code
96740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713815

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LANTERMAN, DOUG, , ,

Mailing Address 11654 LAKESHORE SO

City
KAILUA KONAState
HIZip Code
96740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742240

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANTERMAN, DOUG, , ,

Mailing Address 11654 LAKESHORE SO

City
KAILUA KONAState
HIZip Code
96740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789089

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LANTZ, PAUL, , ,

Mailing Address 4305 52ND AVE NE

City
SEATTLEState
WAZip Code
98105-4934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44753661

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARKIN, DEBORAH, , ,

Mailing Address 1680 SKIPAREE RD

City
POWNALEState
VTZip Code
05261FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698770

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LARKIN, GEOFFREY, , ,

Mailing Address 14218 SPOTTED CEDAR

City
SAN ANTONIOState
TXZip Code
78249-1029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44690956

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

810.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1157 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARKIN, GEOFFREY, , ,

Mailing Address 14218 SPOTTED CEDAR

City
SAN ANTONIOState
TXZip Code
78249-1029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704586

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARKIN, GEOFFREY, , ,

Mailing Address 14218 SPOTTED CEDAR

City
SAN ANTONIOState
TXZip Code
78249-1029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738694

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LARKIN, GEOFFREY, , ,

Mailing Address 14218 SPOTTED CEDAR

City
SAN ANTONIOState
TXZip Code
78249-1029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750758

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1158 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARKINS, JAMES, R., ,

Mailing Address 1747 LAKESHORE DR

City
TROYState
OHZip Code
45373-8784FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AGRICULTURE INVENTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655366

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARSEN, BRAD, , ,Mailing Address 2114 MAIN ST
STE PM100City
VANCOUVERState
WAZip Code
98660-2674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VALLEY VIEW HEALTH CENTEROccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713843

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LARSEN, BRAD, , ,Mailing Address 2114 MAIN ST
STE PM100City
VANCOUVERState
WAZip Code
98660-2674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VALLEY VIEW HEALTH CENTEROccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721857

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1159 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARSEN, BRAD, , ,Mailing Address 2114 MAIN ST
STE PM100City
VANCOUVERState
WAZip Code
98660-2674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VALLEY VIEW HEALTH CENTEROccupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728188**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARSEN, RANDY, , ,Mailing Address 388 E OCEAN BLVD
UNIT 210City
LONG BEACHState
CAZip Code
90802-5254FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ONCOR CORP.Occupation (for Individual)
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789725**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LARSON, PATRICK, , ,

Mailing Address 1340 GRANT LN

City
SACRAMENTOState
CAZip Code
95822-2562FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731889**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1160 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LARSON, PATRICK, , ,

Mailing Address 1340 GRANT LN

City
SACRAMENTOState
CAZip Code
95822-2562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737329

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LARSON, PATRICK, , ,

Mailing Address 1340 GRANT LN

City
SACRAMENTOState
CAZip Code
95822-2562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754221

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LARSON, PATRICK, , ,

Mailing Address 1340 GRANT LN

City
SACRAMENTOState
CAZip Code
95822-2562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766039

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1161 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LASKA, KAYRON, , ,

Mailing Address 6818 GAINES CREEK RD

City
COLUMBUSState
GAZip Code
31904-3323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713854

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LASKA, KAYRON, , ,

Mailing Address 6818 GAINES CREEK RD

City
COLUMBUSState
GAZip Code
31904-3323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799301

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LASLO, TERESA, C., ,

Mailing Address 1330 W NEWPORT AVE

City
CHICAGOState
ILZip Code
60657-1412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHICAGO PUBLIC SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728190

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1162 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAUSCH, SUSAN, , ,

Mailing Address 5270 REDFORD DR

City
BRUNSWICKState
OHZip Code
44212-6466FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756063**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAUTH, JAMES, , ,

Mailing Address 2982 CAMINO SERBAL

City
CARLSBADState
CAZip Code
92009-2900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEAMER, LAUTH, STEINLEY & BOND, LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736687**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAVAGETTO, LLOYD, W., ,Mailing Address 320 PARK VIEW TER
APT 104City
OAKLANDState
CAZip Code
94610-4650FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744092**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

687.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAWSON, ELOISE, , ,

Mailing Address 321 N LAMON AVE

City
CHICAGOState
ILZip Code
60644-2638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654765**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAZAR, MELVIN, F., ,Mailing Address 7151 ISLEGROVE PL
16NCity
BOCA RATONState
FLZip Code
33433-7463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666445**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732429**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

660.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740317

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749605

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

221.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764095

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1165 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44765975

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766451

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

256.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784058

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1166 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786602**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LAZER, MARCIA, , ,Mailing Address 101 LOMBARD ST
APT 707WCity
SAN FRANCISCOState
CAZip Code
94111-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801142**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEACH, JULIE, , ,Mailing Address 624 S PALM AVE
STE 11City
SARASOTAState
FLZip Code
34236-6937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WESTCOAST BLACK THEATRE TROUPEOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713918**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1167 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEANSE, ELEANOR, , ,

Mailing Address 2164 CENTURY HL

City
LOS ANGELESState
CAZip Code
90067-3502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748483**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEAVENWORTH, KATHY, , ,

Mailing Address 15306 HEMLOCK POINT RD

City
CHAGRIN FALLSState
OHZip Code
44022-3834FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756115**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEAVER, SUSAN, M., ,

Mailing Address 554 MELROSE CT

City
ELGINState
ILZip Code
60123-7269FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684912**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1168 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEAVITT, MARIBELLE, B., ,

Mailing Address 2710 BROADWAY ST

City
SAN FRANCISCOState
CAZip Code
94115-1105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772294**

Amount of Each Receipt this Period

50000.00

☐ Memo Item**OVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEBESCH, JEFFREY, , ,

Mailing Address 714 MAPLE ST

City
FORT COLLINSState
COZip Code
80521-1936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637506**

Amount of Each Receipt this Period

500.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEBESCH, JEFFREY, , ,

Mailing Address 714 MAPLE ST

City
FORT COLLINSState
COZip Code
80521-1936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784455**

Amount of Each Receipt this Period

500.00

☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1169 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEBLANC, SANDRA, , ,

Mailing Address 69 NUTWELL CT

City
LOTHIANState
MDZip Code
20711-2902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE APPRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713937**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEBLANC, SANDRA, , ,

Mailing Address 69 NUTWELL CT

City
LOTHIANState
MDZip Code
20711-2902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE APPRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44713938**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHER, RAINEY, , ,

Mailing Address 1330 FORD PKWY

City
SAINT PAULState
MNZip Code
55116-2208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PUBLIC SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648036**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1170 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637510

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648037

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

767.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648038

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

102.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1171 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657269**

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44662976**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

865.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672458**

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

73.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1172 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672459

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679430

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679431

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

83.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1173 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683554**

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

987.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690979**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1016.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721887**

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1174 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1045.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728204

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746004

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751178

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

99.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752956

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757125

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762155

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1176 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1189.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768605

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784650

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786307

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

63.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1177 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790056

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795516

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796396

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

63.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1178 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798155

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LECHTMAN, HEATHER, N, ,Mailing Address 1851 MASSACHUSETTS AVE
APT 1City
CAMBRIDGEState
MAZip Code
02140-1419FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MASSACHUSETTS INSTITUTE OF TECHNOLOGY

Occupation (for Individual)

PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799565

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEDBETTER, BONNIE, , ,

Mailing Address 120 LIFE STYLE LN

City
ANDERSONState
SCZip Code
29621-7900FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44713946

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

59.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1179 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEDBETTER, BONNIE, , ,

Mailing Address 120 LIFE STYLE LN

City
ANDERSONState
SCZip Code
29621-7900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739084

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEDBETTER, BONNIE, , ,

Mailing Address 120 LIFE STYLE LN

City
ANDERSONState
SCZip Code
29621-7900FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755111

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, AIJA, K, ,

Mailing Address PO BOX 461

City
ALPINEState
NJZip Code
07620-0461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748464

Amount of Each Receipt this Period

450.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

553.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, DANIEL, , ,Mailing Address 160 W 62ND ST
APT 40ECity
NEW YORKState
NYZip Code
10023-7539FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCHMIDT SCIENCES LLCOccupation (for Individual)
SCIENTISTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657272**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, DOUG, , ,

Mailing Address 1600 B CHANTERELLE DR

City
MCKINLEYVILLEState
CAZip Code
95519-4181FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HUMBOLDT COUNTY OFFICE OF EDUCATIONOccupation (for Individual)
DIRECTOR OF TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657279**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, DOUG, , ,

Mailing Address 1600 B CHANTERELLE DR

City
MCKINLEYVILLEState
CAZip Code
95519-4181FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HUMBOLDT COUNTY OFFICE OF EDUCATIONOccupation (for Individual)
DIRECTOR OF TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44756900**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1181 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, HOME, , ,

Mailing Address 927 SUNWOOD WAY

City
SACRAMENTOState
CAZip Code
95831-3846FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791792**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, HOME, , ,

Mailing Address 927 SUNWOOD WAY

City
SACRAMENTOState
CAZip Code
95831-3846FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44800288**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, JOHN, , ,

Mailing Address 1 COURTNEY LN

City
MANCHESTERState
NJZip Code
08759-6031FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44713955**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1182 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, KAREN, , ,

Mailing Address 2147 WELLESLEY AVE

City
SAINT PAULState
MNZip Code
55105-1234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44690993**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, KAREN, R., ,

Mailing Address 104 MILLER DR

City
BRIDGEWATERState
VAZip Code
22812-1039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JAMES MADISON UNIVERSITYOccupation (for Individual)
SYSTEMS ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44746792**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEE, LUCIAN, , ,

Mailing Address 2575 ARMSTRONG PL

City
SANTA CLARAState
CAZip Code
95050-5511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CISCO SYSTEMSOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643320**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1183 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEE, PAULINE, , ,

Mailing Address 2625 E SOUTHERN AVE
UNIT C124ACity
TEMPEState
AZZip Code
85282-7876FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765632

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEE, VALERIE, , ,

Mailing Address 10335 LAKE SHORE BLVD NE

City
SEATTLEState
WAZip Code
98125-8160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ACADIA LAW PLLCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706781

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEEMANN, CHRISTOPH, , ,

Mailing Address 301 BROKENBRIDGE RD

City
YORKTOWNState
VAZip Code
23692-4712FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SURA JLAROccupation (for Individual)
ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679442

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1184 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEEMANN, CHRISTOPH, , ,

Mailing Address 301 BROKENBRIDGE RD

City
YORKTOWNState
VAZip Code
23692-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SURA JLAROccupation (for Individual)
ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743909**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEEMANN, CHRISTOPH, , ,

Mailing Address 301 BROKENBRIDGE RD

City
YORKTOWNState
VAZip Code
23692-4712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SURA JLAROccupation (for Individual)
ASSOCIATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767440**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEEPER, ALICE, , ,

Mailing Address 2015 IVY WAY

City
COLUMBIAState
MOZip Code
65203-1619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RE/MAX BOONE REALTYOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44807079**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

610.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1185 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEFF, BENNETT, , ,

Mailing Address 1075 NE MIAMI GARDENS DR

City
MIAMIState
FLZip Code
33179-4600FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44702134**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEHMANN, LEONARD, A, ,

Mailing Address 850 LOS TRANCOS RD

City
PORTOLA VALLEYState
CAZip Code
94028-8030FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44681725**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEIBEL, JACK, M., ,

Mailing Address 22140 PARTHENIA ST

City
WEST HILLSState
CAZip Code
91304-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672501**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1186 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEIBEL, JACK, M., ,

Mailing Address 22140 PARTHENIA ST

City
WEST HILLSState
CAZip Code
91304-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679447

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEIBEL, JACK, M., ,

Mailing Address 22140 PARTHENIA ST

City
WEST HILLSState
CAZip Code
91304-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44713980

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEIBEL, JACK, M., ,

Mailing Address 22140 PARTHENIA ST

City
WEST HILLSState
CAZip Code
91304-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796862

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1187 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEITNER, CHRISTINE, A, ,

Mailing Address 1956 S 73RD ST

City
WEST ALLISState
WIZip Code
53219-1209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721905**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEMAR, LINDA, , ,

Mailing Address 9509 LINVILLE AVE

City
LAURELState
MDZip Code
20723-1833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USDAOccupation (for Individual)
NUTRITIONIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679451**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LENANE, ANN, , ,Mailing Address 145 W 67TH ST
APT 28DCity
NEW YORKState
NYZip Code
10023-5937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOUGLAS ELLIMANOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44657300**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

457.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1188 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LENNON, JUDY, , ,

Mailing Address 258 25TH ST

City
DEL MARState
CAZip Code
92014-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679453

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LENNON, JUDY, , ,

Mailing Address 258 25TH ST

City
DEL MARState
CAZip Code
92014-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683565

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LENNON, JUDY, , ,

Mailing Address 258 25TH ST

City
DEL MARState
CAZip Code
92014-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44691008

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1189 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LENNON, JUDY, , ,

Mailing Address 258 25TH ST

City
DEL MARState
CAZip Code
92014-2013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.75

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698832

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LENNON, JUDY, , ,

Mailing Address 258 25TH ST

City
DEL MARState
CAZip Code
92014-2013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.75

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714002

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEONARD, JANE, KATE, ,

Mailing Address 7430 CEDAR CREEK TRL

City
MADISONState
WIZip Code
53717-1504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44759247

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

295.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1190 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEONE, MEG, , ,

Mailing Address 299 SAYRE DR

City
PRINCETONState
NJZip Code
08540-5826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
JOURNALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770464**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LESCOE-LONG, MARY, , ,

Mailing Address 5012 JARVIS LN

City
NAPLESState
FLZip Code
34119-9538FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648054**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LESHER, DOROTHY, A, ,

Mailing Address 3458 E 3RD ST

City
TUCSONState
AZZip Code
85716-4218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681474**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1191 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LETTS-SMITH, SARAH, , ,

Mailing Address 21700 LOS ROBLES RD

City
MURRIETAState
CAZip Code
92562-8531FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714044

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEUTHOLD, DAVID, V., ,

Mailing Address 10 LEMMON DR

City
COLUMBIAState
MOZip Code
65201-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LEUGHOLD VLY CREEK RANCH INC.Occupation (for Individual)
RANCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794144

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEVIN, MARK, , ,

Mailing Address 257 COMMONWEALTH AVE

City
BOSTONState
MAZip Code
02116-1647FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THIRD ROCK VENTURESOccupation (for Individual)
VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786265

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1192 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEVINS, PATRICIA, A., ,

Mailing Address 9708 CINNAMON CREEK DR

City
VIENNAState
VAZip Code
22182-1430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672558**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEVINSON, MATTHEW, , ,

Mailing Address 9337 KEDVALE AVE

City
SKOKIEState
ILZip Code
60076-1420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STEPAN COMPANYOccupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44679463**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEVKOFF, SUSAN, , ,Mailing Address 27 N MOORE ST
APT 7ACity
NEW YORKState
NYZip Code
10013-5723FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHELSEATOWN LLCOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44714066**

Amount of Each Receipt this Period

350.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1193 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEVKOFF, SUSAN, , ,Mailing Address 27 N MOORE ST
APT 7ACity
NEW YORKState
NYZip Code
10013-5723FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHELSEATOWN LLCOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784604

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEVY, BARBARA, , ,

Mailing Address 30 LATHAM CIR

City
SAUGERTIESState
NYZip Code
12477-4213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752112

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEW, JANET, R., ,

Mailing Address 1505 ALBEMARLE RD

City
BROOKLYNState
NYZip Code
11226-4505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637591

Amount of Each Receipt this Period

360.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

460.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1194 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEW, JANET, R., ,

Mailing Address 1505 ALBEMARLE RD

City
BROOKLYNState
NYZip Code
11226-4505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672567

Amount of Each Receipt this Period

360.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEW, JANET, R., ,

Mailing Address 1505 ALBEMARLE RD

City
BROOKLYNState
NYZip Code
11226-4505FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44736773

Amount of Each Receipt this Period

360.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, GILBERT, , ,

Mailing Address 1007 SPRUCE ST

City
HOUGHTONState
MIZip Code
49931-1552FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663019

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional).....▶

735.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1195 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679478

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44691053

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

227.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44691058

Amount of Each Receipt this Period

8.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1196 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44698859

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714079

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714098

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1197 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704646

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721926

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

282.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44721931

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728237

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745887

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751238

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1199 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751461

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751462

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786120

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1200 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791737

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEWIS, SHELBY, , ,

Mailing Address 835 LENTON AVE

City
BALTIMOREState
MDZip Code
21212-3238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791802

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, WILLIAM, , ,

Mailing Address 5 PERDIDO DR

City
LITTLE ROCKState
ARZip Code
72211-2124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44698862

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1201 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIBIEN, JENNY, , ,

Mailing Address 85 PRICE ST

City
DOBBS FERRYState
NYZip Code
10522-3212FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORK STATEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724838**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LICHT, JERI, , ,Mailing Address 536 N ORANGE ST
UNIT ACity
ORANGEState
CAZip Code
92867-6732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.32

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637612**

Amount of Each Receipt this Period

100.16

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIDDLE, LA VONE, , ,

Mailing Address 1397 S WILTON WAY

City
SALT LAKE CTYState
UTZip Code
84108-2546FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771528**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1202 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIDE, JANET ELIZABETH, , ,

Mailing Address 522 PONCE DE LEON MNR NE

City
ATLANTAState
GAZip Code
30307-1822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728244**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIEBERMAN, STEPHEN, , ,

Mailing Address 19 MERILANE AVE

City
EDINAState
MNZip Code
55436-1335FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686017**

Amount of Each Receipt this Period

575.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIEBMAN, PETER, , ,

Mailing Address 1404 DEVONSHIRE WAY

City
PALM BEACH GARDENSState
FLZip Code
33418-6872FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOUGLAS AUTO GROUPOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698885**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1203 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIEBOWITZ, GLENM, , ,

Mailing Address 28246 DANVERS CT

City
FARMINGTON HILLSState
MIZip Code
48334-4236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798732**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LILLEGRAVEN, JASON, A., ,

Mailing Address 2443 OVERLAND RD

City
LARAMIEState
WYZip Code
82070-4854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637619**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LILLEY, BARBARA, , ,Mailing Address 635 S PARK CENTRE AVE
APT 2113City
GREEN VALLEYState
AZZip Code
85614-6280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748795**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1005.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1204 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIM, CAROL, , ,

Mailing Address 12124 GREENE AVE

City
LOS ANGELESState
CAZip Code
90066-6235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694758**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIM, SANDRA, , ,

Mailing Address 670 COUNT FLEET CT

City
MORGAN HILLState
CAZip Code
95037-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714128**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIN, XIAOXU, , ,Mailing Address 60 PROSPECT AVE
STE 308City
MIDDLETOWNState
NYZip Code
10940-4133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753187**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1205 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINCOLN, GREGORY, , ,

Mailing Address 2685 TEMPLE HILLS DR

City
LAGUNA BEACHState
CAZip Code
92651-2035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748458**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINDEN, DANA, , ,

Mailing Address 41 RIVERSIDE DR

City
NEW YORKState
NYZip Code
10024-6803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44765822**

Amount of Each Receipt this Period

31300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINDER, KAREN, , ,

Mailing Address 111 MICHELLE DR

City
SANTA FEState
NMZip Code
87501-1670FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US CABLE CORPORATIONOccupation (for Individual)
CHIEF FINANCIAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663040**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1206 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINDSAY, WENDELL, G, ,

Mailing Address 5874 CHANDLER DR

City
BATON ROUGEState
LAZip Code
70808-5012FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655314**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINNEMAN, ANN, E., ,

Mailing Address 6580 WOODLEA RD

City
OSCODAState
MIZip Code
48750-9765FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698909**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINSCHIED, STEVE, , ,

Mailing Address PO BOX 1367

City
WASHINGTON GROVEState
MDZip Code
20880-1367FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686677**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1207 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINVILLE, RICHARD, , ,

Mailing Address 1302 1ST AVE

City
STERLINGState
ILZip Code
61081-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BELTWAY SALES INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657369**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LINVILLE, RICHARD, , ,

Mailing Address 1302 1ST AVE

City
STERLINGState
ILZip Code
61081-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BELTWAY SALES INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657370**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LINVILLE, RICHARD, , ,

Mailing Address 1302 1ST AVE

City
STERLINGState
ILZip Code
61081-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BELTWAY SALES INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672620**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1208 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LINVILLE, RICHARD, , ,

Mailing Address 1302 1ST AVE

City
STERLINGState
ILZip Code
61081-2315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BELTWAY SALES INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704656

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIPPKE, HAGEN, , ,

Mailing Address 25232 BIMINI COVE WAY

City
PORTERState
TXZip Code
77365-1440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679498

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIPPKE, HAGEN, , ,

Mailing Address 25232 BIMINI COVE WAY

City
PORTERState
TXZip Code
77365-1440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728258

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1209 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIPSCHITZ, DAVID, , ,Mailing Address 309 E 87TH ST
APT 5GCity
NEW YORKState
NYZip Code
10128-4812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714160**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIPSCHITZ, DAVID, , ,Mailing Address 309 E 87TH ST
APT 5GCity
NEW YORKState
NYZip Code
10128-4812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766597**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIPSCHITZ, DAVID, , ,Mailing Address 309 E 87TH ST
APT 5GCity
NEW YORKState
NYZip Code
10128-4812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF NEW YORKOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766737**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

311.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1210 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIPSCOMB, DIANE, , ,

Mailing Address 4896 S SYDNEY AVE

City
SPRINGFIELDState
MOZip Code
65810-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCYOccupation (for Individual)
HEALTH CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756705**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIPSETT, JAMES, A., ,

Mailing Address 421 KODIAK ST

City
MORRO BAYState
CAZip Code
93442-1315FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731587**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LIPSEY, CHARLES, , ,

Mailing Address 901 HOUSTON ST

City
VAN HORNState
TXZip Code
79855-2273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672625**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1211 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIPSEY, CHARLES, , ,

Mailing Address 901 HOUSTON ST

City
VAN HORNState
TXZip Code
79855-2273FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714162

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LIPSIG, GAYLE, , ,Mailing Address 9275 MENAGGIO CT
APT 202City
NAPLESState
FLZip Code
34114-9724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768742

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITCHFIELD, LAWRENCE, , ,

Mailing Address 4 MATTHEW DR

City
BRUNSWICKState
MEZip Code
04011-3271FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OROGUE COUNTY COMMUNITY COLLEGEOccupation (for Individual)
COMMUNITY COLLEGE EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44665923

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1212 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITCHFORD, MARLA, , ,

Mailing Address 96 VAN WIES POINT RD

City
GLENMONTState
NYZip Code
12077-4218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIV AT ALBANYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672632**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44769205**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782606**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

561.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1213 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782998

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783168

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783838

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1214 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783901**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789076**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794980**

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1215 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTELMANN, EDWARD, J., ,

Mailing Address 3637 RUSHLAND AVE

City
TOLEDOState
OHZip Code
43613-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795389

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTLE, JAMES, , ,

Mailing Address 560 KINGSLEY AVE

City
PALO ALTOState
CAZip Code
94301-3224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SRI INTERNATIONALOccupation (for Individual)
MATHEMATICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663051

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTLE, JAMES, , ,

Mailing Address 560 KINGSLEY AVE

City
PALO ALTOState
CAZip Code
94301-3224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SRI INTERNATIONALOccupation (for Individual)
MATHEMATICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770968

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

356.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1216 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTLE, WILLIAM, , ,

Mailing Address 1107 5TH AVE

City
NEW YORKState
NYZip Code
10128-0145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643376**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTLE, WILLIAM, , ,

Mailing Address 1107 5TH AVE

City
NEW YORKState
NYZip Code
10128-0145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672638**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTLE, WILLIAM, , ,

Mailing Address 1107 5TH AVE

City
NEW YORKState
NYZip Code
10128-0145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44721958**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1217 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LITTLE, WILLIAM, , ,

Mailing Address 1107 5TH AVE

City
NEW YORKState
NYZip Code
10128-0145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728263**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTLETON, FRANCIS, P., ,

Mailing Address 19 LYNFORD RD

City
RICHBOROState
PAZip Code
18954-1322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MOTOROLA MOBILITYOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794150**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LITTMAN, ANDREW, C., ,

Mailing Address 1012 PLEASANT DR

City
ROCKVILLEState
MDZip Code
20850-6073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEINOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677689**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1218 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIVINGSTON, JO, , ,

Mailing Address 17932 HALLCROFT LN

City
HUNTINGTON BEACHState
CAZip Code
92647-6450FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714184

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LLANOS, MARY, , ,

Mailing Address 100 CIRCLE DR

City
EAST PEORIAState
ILZip Code
61611-3727FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEALTHCOMPOccupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672654

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LLANOS, MARY, , ,

Mailing Address 100 CIRCLE DR

City
EAST PEORIAState
ILZip Code
61611-3727FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEALTHCOMPOccupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672655

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1219 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LLANOS, MARY, , ,

Mailing Address 100 CIRCLE DR

City
EAST PEORIAState
ILZip Code
61611-3727FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEALTHCOMPOccupation (for Individual)
MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704671**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOCKHART, JANET, , ,

Mailing Address 68 HILLARY LN

City
PENFIELDState
NYZip Code
14526-1608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694371**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOCKWOOD, KATHLEEN, I, ,

Mailing Address 254 MORGAN DR

City
LOVELANDState
COZip Code
80537-3653FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742874**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1220 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOEB, WALTER, F, ,Mailing Address 194 RIVERSIDE DR
APT 6ECity
NEW YORKState
NYZip Code
10025-7278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44753415**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOEB, WALTER, F, ,Mailing Address 194 RIVERSIDE DR
APT 6ECity
NEW YORKState
NYZip Code
10025-7278FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44771616**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOENDORF, PAULA, , ,

Mailing Address 6220 MOJAVE ST NW

City
ALBUQUERQUEState
NMZip Code
87120-4821FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672672**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1221 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOENDORF, PAULA, , ,

Mailing Address 6220 MOJAVE ST NW

City
ALBUQUERQUEState
NMZip Code
87120-4821FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742389**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOFTON, STANLEY, , ,

Mailing Address PO BOX 38

City
YULEEState
FLZip Code
32041-0038FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792841**

Amount of Each Receipt this Period

575.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOGAN, DENNIS, , ,

Mailing Address 1468 WESTCLIFF DR

City
PASADENAState
MDZip Code
21122-4852FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694965**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1222 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOH, ANGELA, E., ,

Mailing Address 23 KIMBERLY DR

City
DRYDENState
NYZip Code
13053-9728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759613**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOMAX, JAMES, , ,

Mailing Address 3707 S BRAESWOOD BLVD

City
HOUSTONState
TXZip Code
77025-3535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44758830**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LONDON, JOANNA, , ,Mailing Address 3128 GRACEFIELD RD
APT 323City
SILVER SPRINGState
MDZip Code
20904-5839FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

670.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657414**

Amount of Each Receipt this Period

85.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1585.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1223 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LONG, MARGO, , ,

Mailing Address 1694 S KNOX CT

City
DENVERState
COZip Code
80219-4527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787445

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LONGANBACH, ANN, , ,

Mailing Address 1121 SAINT ANTHONY ST

City
LEWISBURGState
PAZip Code
17837-1340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672690

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LONGUEIL, JEFFREY, , ,

Mailing Address 2405 N SUMNER ST

City
PORTLANDState
ORZip Code
97217-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NIKEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768508

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

462.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1224 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LONGUEIL, JEFFREY, , ,

Mailing Address 2405 N SUMNER ST

City
PORTLANDState
ORZip Code
97217-3836FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NIKEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785232

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOOMAN, JOYCE, E., ,

Mailing Address 1397 STATE HIGHWAY 163

City
CANAJOHARIEState
NYZip Code
13317-3352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44707265

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOOMIS, JASON, , ,Mailing Address 9531 STATE HIGHWAY 151
APT 11304City
SAN ANTONIOState
TXZip Code
78251-4459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIR FORCEOccupation (for Individual)
MILITARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44721975

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

520.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1225 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LORD, HILARY, G D, ,Mailing Address 2559 PLAZA DEL AMO
UNIT 118City
TORRANCEState
CAZip Code
90503-7308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44704692

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LORD, SAMUEL, L, ,

Mailing Address 8619 WHIPPS BEND RD

City
LOUISVILLEState
KYZip Code
40222-4513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788012

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LORD, SAMUEL, L, ,

Mailing Address 8619 WHIPPS BEND RD

City
LOUISVILLEState
KYZip Code
40222-4513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791839

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1226 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOVELACE, DAVID, , ,

Mailing Address 600 FRONT ST S

City
ISSAQUAHState
WAZip Code
98027-4245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PYRAMIDOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794374

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOVELACE, DAVID, , ,

Mailing Address 600 FRONT ST S

City
ISSAQUAHState
WAZip Code
98027-4245FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PYRAMIDOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795749

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOVELADY, RUDOLPH, AUSTIN, ,

Mailing Address 170 GREENHILL DR

City
JACKSONState
TNZip Code
38305-5604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729231

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOVERING, DONALD, , ,

Mailing Address 4116 FIRSTVIEW DR

City
AUSTINState
TXZip Code
78731-3915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714270

Amount of Each Receipt this Period

254.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOVETT, EDWARD, J, ,

Mailing Address 219 13TH ST SE

City
WASHINGTONState
DCZip Code
20003-1430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CBPOccupation (for Individual)
HUMAN RELATIONS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743441

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOVETT, EDWARD, J, ,

Mailing Address 219 13TH ST SE

City
WASHINGTONState
DCZip Code
20003-1430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CBPOccupation (for Individual)
HUMAN RELATIONS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790052

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

429.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1228 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOWE, GEORGE, , ,

Mailing Address 90 MISTLETOE RD

City
GOLDENState
COZip Code
80401-9623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INNOVATIVE SIGNAL ANALYSISOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679536**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOWE, GEORGE, , ,

Mailing Address 90 MISTLETOE RD

City
GOLDENState
COZip Code
80401-9623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INNOVATIVE SIGNAL ANALYSISOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786170**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LOWRY, DAVID, B., ,Mailing Address 3580 SHAW AVE
APT 627City
CINCINNATIState
OHZip Code
45208-1456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694361**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1229 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LOYE, DAVID, C., ,

Mailing Address 710 RACQUET CLUB CIR

City
ROHNERT PARKState
CAZip Code
94928-2515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BETA BREAKERS QA LABSOccupation (for Individual)
SOFTWARE TESTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785894

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LOZEAU, RICHARD, , ,Mailing Address 9 OAK RIDGE DR
UNIT 4City
MAYNARDState
MAZip Code
01754-2473FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654546

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUBBEN, DAVID, , ,

Mailing Address 2872 APPALOOSA TRL

City
WELLINGTONState
FLZip Code
33414-7609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749487

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1230 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUBNIEWSKI, JANET, , ,

Mailing Address 314 S SEGOE RD

City
MADISON

State
WI

Zip Code
53705-4955

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRACE EPISCOPAL CHURCH

Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2025

Transaction ID : 44684632

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUCAS, TED, , ,

Mailing Address 8919 PARK RD
APT 4000

City
CHARLOTTE

State
NC

Zip Code
28210-7612

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 23 / 2025

Transaction ID : 44741930

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUDESCHER, KARL, J., ,

Mailing Address 329 RENO ST

City
WAYZATA

State
MN

Zip Code
55391-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARGILL/DAW

Occupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 18 / 2025

Transaction ID : 44723512

Amount of Each Receipt this Period

750.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1231 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUDWIG, FRANCES, , ,

Mailing Address 19 WYMAN RD

City
LEXINGTONState
MAZip Code
02420-3237FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LEXINGTON PUBLIC SCHOOLSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714320**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUGO, ALICE, , ,

Mailing Address 615 11TH ST NE

City
WASHINGTONState
DCZip Code
20002-5317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEINOccupation (for Individual)
SENIOR COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2025**Transaction ID : 44667119**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUKAS, BOB, , ,

Mailing Address 10099 BISCAYNE BAY LN

City
NAPLESState
FLZip Code
34120-3721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663101**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1232 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUKAS, BOB, , ,

Mailing Address 10099 BISCAYNE BAY LN

City
NAPLESState
FLZip Code
34120-3721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663102**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUND, ERIC, JAMES, ,

Mailing Address 11 YORKRIDGE CT

City
HENDERSONState
NVZip Code
89052-6695FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657469**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUND, ERIC, JAMES, ,

Mailing Address 11 YORKRIDGE CT

City
HENDERSONState
NVZip Code
89052-6695FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743965**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1233 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUSTBADER, LAURA, L, ,

Mailing Address 78 E PARK DR

City
HUNTINGTON STATIONState
NYZip Code
11746-2506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CO. BD OF COOP EDUC SVCOccupation (for Individual)
EDUCATION ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714343**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LUSTBADER, LAURA, L, ,

Mailing Address 78 E PARK DR

City
HUNTINGTON STATIONState
NYZip Code
11746-2506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CO. BD OF COOP EDUC SVCOccupation (for Individual)
EDUCATION ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790505**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUTZ, DOROTHY, , ,

Mailing Address 500 E MARYLYN AVE

City
STATE COLLEGEState
PAZip Code
16801-6269FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724156**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1234 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LUYANDO, WILMA, , ,Mailing Address 1570 BATHGATE AVE
APT 2ACity
BRONXState
NYZip Code
10457-8245FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737966**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYALL, CAROL, , ,

Mailing Address 3698 ROUTE 44

City

BROWNSVILLE

State

VT

Zip Code

05037-9702

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683640**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City

ELLENSBURG

State

WA

Zip Code

98926-2921

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648140**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1235 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657482**

Amount of Each Receipt this Period

21.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704733**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

279.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740468**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1236 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745806

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761185

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782198

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1237 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782891

Amount of Each Receipt this Period

21.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792280

Amount of Each Receipt this Period

21.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYGRE, LAURAE, Y., ,

Mailing Address 805 N B ST

City
ELLENSBURGState
WAZip Code
98926-2921FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

376.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797992

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1238 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYNCH, ROBERT, L., ,

Mailing Address 3524 WILLIAMSBURG LN NW

City
WASHINGTONState
DCZip Code
20008-1207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2025**Transaction ID : 44667116**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYNCH, ROBERT, , ,

Mailing Address 32 COUNTRY FAIR LN

City
SAINT LOUISState
MOZip Code
63141-7805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762450**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYNDON, PAULA, , ,Mailing Address 12501 ULMERTON RD
LOT 63City
LARGOState
FLZip Code
33774-2726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44672792**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1239 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYNN, CHUCK, , ,

Mailing Address 100 VISTA CIR

City
PITTSBURGHState
PAZip Code
15238-6100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722406**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LYNN, KATHLEEN, , ,

Mailing Address 112 INVERNESS DR

City
KENDALL PARKState
NJZip Code
08824-7057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758847**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LYTLE, MARK, , ,

Mailing Address 16 CHESTNUT ST

City
RHINEBECKState
NYZip Code
12572-1502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEARD COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44698997**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1240 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LYTLE, MARK, , ,

Mailing Address 16 CHESTNUT ST

City
RHINEBECKState
NYZip Code
12572-1502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BEARD COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728318

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAASS, STEVE, , ,

Mailing Address 9333 FOX LN

City
SEBASTOPOLState
CAZip Code
95472-2123FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714384

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MABEE, MARCIA, S, ,

Mailing Address 1215 26TH RD S

City
ARLINGTONState
VAZip Code
22202-2205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714385

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637740

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637741

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637742

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1242 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648153

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672813

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679561

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1243 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714388

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734027

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734918

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

50.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1244 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAC DOUGAL, CLARA, A., ,Mailing Address 817 E BASELINE RD
UNIT 208City
LAFAYETTEState
COZip Code
80026-2671FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737979

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACALADY, DONALD, L., ,

Mailing Address 1945 SAGE DR

City
GOLDENState
COZip Code
80401-1748FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793463

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACARTHUR, CHARLES, , ,

Mailing Address 4702 FORT SUMNER DR

City
BETHESDAState
MDZip Code
20816-2467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF DELAWAREOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744435

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1245 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACARTHUR, CHARLES, , ,

Mailing Address 4702 FORT SUMNER DR

City
BETHESDAState
MDZip Code
20816-2467FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF DELAWAREOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785763

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACAULAY, STEWART, , ,

Mailing Address 314 SHEPARD TER

City
MADISONState
WIZip Code
53705-3618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1988.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44637743

Amount of Each Receipt this Period

169.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACAULAY, STEWART, , ,

Mailing Address 314 SHEPARD TER

City
MADISONState
WIZip Code
53705-3618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2363.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44672815

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

644.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1246 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACAULAY, STEWART, , ,

Mailing Address 314 SHEPARD TER

City
MADISONState
WIZip Code
53705-3618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2644.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728323

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACAULAY, STEWART, , ,

Mailing Address 314 SHEPARD TER

City
MADISONState
WIZip Code
53705-3618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2932.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794998

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACAULAY, STEWART, , ,

Mailing Address 314 SHEPARD TER

City
MADISONState
WIZip Code
53705-3618FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2932.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796993

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

569.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1247 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACDONALD, MARGARET, , ,Mailing Address 438 MASSACHUSETTS AVE
APT 243City
ARLINGTONState
MAZip Code
02474-5104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE MITRE CORPORATIONOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44665444

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACDONALD, MARYLEE, , ,

Mailing Address 90 W COTTAGE LN

City
TEMPEState
AZZip Code
85282-2100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657746

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACDONALD, MARYLEE, , ,

Mailing Address 90 W COTTAGE LN

City
TEMPEState
AZZip Code
85282-2100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657747

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1248 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACE MASSINGILL, HOLLY, , ,

Mailing Address 4907 SOUTHCREST DR

City
AUSTINState
TXZip Code
78746-5532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KELLER WILLIAMS REAL ESTATEOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807068**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACFARLANE, THADERINE, , ,Mailing Address 2121 TERRY AVE
APT 1800City
SEATTLEState
WAZip Code
98121-2735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752395**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACH, WARNER, , ,

Mailing Address 16007 ELIZABETH ST

City
BEVERLY HILLSState
MIZip Code
48025-5611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757789**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1249 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACK, DAVID, , ,Mailing Address 1200 UNIVERSITY ST
APT 407City
SEATTLEState
WAZip Code
98101-4209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOEING CO.Occupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44664956**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACK, KERRY, , ,

Mailing Address 51 CEDAR ST

City
ENGLEWOODState
FLZip Code
34223-3141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MACK LAW FIRMOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724468**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACK, ROBERT, , ,Mailing Address 800 CRETIN AVE S
APT 529City
SAINT PAULState
MNZip Code
55116-1178FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MACDONALD & MACK ARCHITECTSOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751761**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1250 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACK, ROBERT, , ,Mailing Address 800 CRETIN AVE S
APT 529City
SAINT PAULState
MNZip Code
55116-1178FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MACDONALD & MACK ARCHITECTSOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782836

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACKEY, WILLIAM, , , JR

Mailing Address 1171 PERREGRINE CIR W

City
SAINT JOHNSState
FLZip Code
32259-2963FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751316

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACKO, CLARA, ANN, ,

Mailing Address 528 E CRAWFORD AVE

City
CONNELLSVILLEState
PAZip Code
15425-2746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693593

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1251 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACKO, CLARA, ANN, ,

Mailing Address 528 E CRAWFORD AVE

City
CONNELLSVILLEState
PAZip Code
15425-2746FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44693655

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACLACHLAN, GRETCHEN, E, ,

Mailing Address 226 ELIZABETH ST NE

City
ATLANTAState
GAZip Code
30307-1937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728327

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACLACHLAN, GRETCHEN, E, ,

Mailing Address 226 ELIZABETH ST NE

City
ATLANTAState
GAZip Code
30307-1937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740764

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1252 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACLACHLAN, GRETCHEN, E, ,

Mailing Address 226 ELIZABETH ST NE

City
ATLANTAState
GAZip Code
30307-1937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745196

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACLACHLAN, GRETCHEN, E, ,

Mailing Address 226 ELIZABETH ST NE

City
ATLANTAState
GAZip Code
30307-1937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745450

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACNARY, JULIE, W., ,Mailing Address 1095 PINELLAS POINT DR S
APT 304City
SAINT PETERSBURGState
FLZip Code
33705-6371FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44722171

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

509.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1253 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MACWHINNEY, BRIAN, , ,

Mailing Address 5435 AYLESBORO AVE

City
PITTSBURGHState
PAZip Code
15217-1121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CMUOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751956**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MADDEN, LOIS, , ,

Mailing Address 2312 CLEARVUE RD

City
PITTSBURGHState
PAZip Code
15237-1632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44792179**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MADDEN, LOIS, , ,

Mailing Address 2312 CLEARVUE RD

City
PITTSBURGHState
PAZip Code
15237-1632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44801725**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1254 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MADELL, JANE, , ,Mailing Address 47 PLAZA ST W
APT 3ACity
BROOKLYNState
NYZip Code
11217-3905FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679581**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MADISON, DOUG, , ,

Mailing Address 708 CLINTON AVE E

City
HUNTSVILLEState
ALZip Code
35801-3619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791289**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MADSEN, JONATHAN, , ,

Mailing Address 514 S 12TH ST

City
LARAMIEState
WYZip Code
82070-4022FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724502**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1255 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MADSEN, STEVEN, , ,

Mailing Address 45 BURNS ST

City
FOREST HILLSState
NYZip Code
11375-5226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ERNST & YOUNG LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766502**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAFFEO, PATRICIA, , ,

Mailing Address 4160 TOWANDA TRL

City
KNOXVILLEState
TNZip Code
37919-6610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714432**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGE, MICHAEL, , ,

Mailing Address 7008 WILSON LN

City
BETHESDAState
MDZip Code
20817-4926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755996**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1256 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGE, MICHAEL, , ,

Mailing Address 7008 WILSON LN

City
BETHESDAState
MDZip Code
20817-4926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791841**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGERS, JOAN, H, ,

Mailing Address 11785 DURRAND ST

City
COLLEGE STATIONState
TXZip Code
77845-5068FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44694229**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44714442**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1257 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714443

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714444

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724874

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1258 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745435

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749951

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGLOTT, DAVID, BRUCE, ,

Mailing Address 20508 BARGENE WAY

City
GERMANTOWNState
MDZip Code
20874-1157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800338

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1259 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732869

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735342

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44735766

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1260 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738069**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766489**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766760**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1261 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781003**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAGNUSON, DEBORAH, , ,

Mailing Address 3982 ROMA CT

City
BELLINGHAMState
WAZip Code
98226-7878FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF WASHINGTON DSHSOccupation (for Individual)
FINANCIAL SERVICES SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784287**

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAGNUSSON, KATHY, , ,

Mailing Address 3005 SUNROSE CT

City
PHILOMATHState
ORZip Code
97370-9427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OREGON STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672870**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

259.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1262 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAGNUSSON, KATHY, , ,

Mailing Address 3005 SUNROSE CT

City
PHILOMATHState
ORZip Code
97370-9427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OREGON STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724875**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAHADEVAN, HARIHARA, , ,

Mailing Address 9308 MAYBROOK PL

City
ALEXANDRIAState
VAZip Code
22309-3030FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VAMCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714449**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAHER, TIMOTHY, B, ,

Mailing Address 6016 BURGOYNE RD

City
HOUSTONState
TXZip Code
77057-2904FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749223**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1263 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAHFOOD, RICHARD, , ,Mailing Address 9341 E BAY HARBOR DR
APT 2CCity
BAY HARBOR ISLANDSState
FLZip Code
33154-2301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44714455**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAHFOOD, RICHARD, , ,Mailing Address 9341 E BAY HARBOR DR
APT 2CCity
BAY HARBOR ISLANDSState
FLZip Code
33154-2301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745352**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAHY, TYLER, X, ,

Mailing Address 10659 GREEN MOUNTAIN CIR

City
COLUMBIAState
MDZip Code
21044-2364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44731590**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1264 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAIER, ROBERT, , ,

Mailing Address 630 EVENING ST

City
WORTHINGTONState
OHZip Code
43085-3573FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF OHIOOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44724881

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAILLET, ANDREA, D., ,

Mailing Address 10713 19TH AVE NE

City
SEATTLEState
WAZip Code
98125-6559FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788549

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAILLET, ANDREA, D., ,

Mailing Address 10713 19TH AVE NE

City
SEATTLEState
WAZip Code
98125-6559FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789637

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1265 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAILLET, ANDREA, D., ,

Mailing Address 10713 19TH AVE NE

City
SEATTLEState
WAZip Code
98125-6559FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794867**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAINA, WILLIAM, , ,

Mailing Address 8571 ANDERSON CREEK CIR

City
DALLASState
TXZip Code
75243-1374FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44792630**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALCUS, LAWRENCE, , ,

Mailing Address 377 HOLLISTER CT

City
SAN LEANDROState
CAZip Code
94577-2008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44677733**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1266 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALCUS, LAWRENCE, , ,

Mailing Address 377 HOLLISTER CT

City
SAN LEANDROState
CAZip Code
94577-2008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44760957

Amount of Each Receipt this Period

- 300.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALESKA, MARTIN, EDMUND, ,

Mailing Address 361 WOODRUFF AVE

City
WAKEFIELDState
RIZip Code
02879-3591FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782581

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALICK, WENDIE, , ,

Mailing Address PO BOX 329

City
TOPANGAState
CAZip Code
90290-0329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672896

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1267 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALINA, BARBARA, , ,

Mailing Address 15 HILLCREST RD

City
BERKELEYState
CAZip Code
94705-2806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745137

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALITZ, SETH, , ,

Mailing Address 4311 PALI WAY

City
BOULDERState
COZip Code
80301-3825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEO EYEOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648177

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALLEN, RICHARD, , ,

Mailing Address 1143 CAMINO MANADERO

City
SANTA BARBARAState
CAZip Code
93111-1043FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672902

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1268 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALLISON, MARY, , ,

Mailing Address 1800 CLAIRMONT LK

City
DECATURState
GAZip Code
30033-4035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734046

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALLORY, KATHLEEN, , ,

Mailing Address 331 N 160TH ST

City
SHORELINEState
WAZip Code
98133-5603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738754

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALLORY, KATHLEEN, , ,

Mailing Address 331 N 160TH ST

City
SHORELINEState
WAZip Code
98133-5603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800320

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1269 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663150

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663151

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

531.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44683672

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

81.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1270 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683673**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714488**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

579.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728351**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1271 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737430

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740137

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

744.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744906

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1272 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44746226

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780297

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

845.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783562

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1273 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MALONE, MARGARET, , ,

Mailing Address 891 GRANDON AVE

City
COLUMBUSState
OHZip Code
43209-2529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790460**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALONE, MARY, B., ,

Mailing Address 1322 PANTOPS COTTAGE CT

City
CHARLOTTESVLEState
VAZip Code
22911-4663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793374**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANDEL, ABBY, , ,

Mailing Address 2041 FREEDOM LN

City
FALLS CHURCHState
VAZip Code
22043-1805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHERN VA COMMUNITY COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637796**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1274 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANDEL, STEPHEN, , ,

Mailing Address 2 GREENWICH PLZ

City
GREENWICHState
CTZip Code
06830-6353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LONE PINE CAPITALOccupation (for Individual)
HEDGE FUND MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693355**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANDEL, SUSAN, , ,

Mailing Address 2 GREENWICH PLZ

City
GREENWICHState
CTZip Code
06830-6353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693359**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANGLANI, NAVIN, , ,Mailing Address 56 COOPER SQ
APT 2City
NEW YORKState
NYZip Code
10003-7111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ADJUNCT FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714496**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

88850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1275 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANIRE, SARAH, , ,

Mailing Address 508 CARISMATIC LN

City
AUSTINState
TXZip Code
78748-2922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772202**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANLEY-MURRY, CECELIA, , ,

Mailing Address 9884 DESMOND DR

City
OAK HILLSState
CAZip Code
92344-0775FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787027**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANLEY-MURRY, CECELIA, , ,

Mailing Address 9884 DESMOND DR

City
OAK HILLSState
CAZip Code
92344-0775FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796660**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1276 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANN, MARION, L., ,

Mailing Address 266 BEECHWOOD DR

City
BRYN MAWRState
PAZip Code
19010-1203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769237

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANNING, ELIZABETH, , ,

Mailing Address 7604 NEZ PERCE TRCE

City
MANORState
TXZip Code
78653-9604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44672926

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANNY, BARBARA, , ,

Mailing Address 205 LANDIS LN

City
DEERFIELDState
ILZip Code
60015-3419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44637813

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1277 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANNY, BARBARA, , ,

Mailing Address 205 LANDIS LN

City
DEERFIELDState
ILZip Code
60015-3419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790384**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANSFIELD, JOHN, E, ,Mailing Address 44714 AUDUBON SQ
APT 202City
ASHBURNState
VAZip Code
20147-6292FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702171**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANTON, JUDY, H., ,

Mailing Address 17 HAMILTON PL

City
TENAFLYState
NJZip Code
07670-2623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699086**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANTON, JUDY, H., ,

Mailing Address 17 HAMILTON PL

City
TENAFLYState
NJZip Code
07670-2623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714511**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANTON, JUDY, H., ,

Mailing Address 17 HAMILTON PL

City
TENAFLYState
NJZip Code
07670-2623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44769853**

Amount of Each Receipt this Period

- 20.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANTON, JUDY, H., ,

Mailing Address 17 HAMILTON PL

City
TENAFLYState
NJZip Code
07670-2623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798125**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1279 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARALLO, ANTONIO, T., ,

Mailing Address 116 ABBEY LN

City
COPLEYState
OHZip Code
44321-2895FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664848**

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARANDINO, GERARD, , ,

Mailing Address 5105 SKYLINE VILLAGE CT

City

ALEXANDRIA

State

VA

Zip Code

22302-1039

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US DEPT OF STATEOccupation (for Individual)
CIVIL SERVANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704801**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARANO, COLLEEN, , ,

Mailing Address 5 RIDGE RD

City

MALVERN

State

PA

Zip Code

19355-2018

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNSON AND JOHNSONOccupation (for Individual)
PHARMACEUTICAL RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663173**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1280 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARCENA, RICK, , ,

Mailing Address 4821 NE 16TH AVE

City
OAKLAND PARKState
FLZip Code
33334-5607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STARZOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44714516**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARGERISON, KENNETH, , ,

Mailing Address 211 BUNNYRUN LN

City
SAN MARCOSState
TXZip Code
78666-8917FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TX STATE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663178**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARGERISON, KENNETH, , ,

Mailing Address 211 BUNNYRUN LN

City
SAN MARCOSState
TXZip Code
78666-8917FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TX STATE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704810**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARKIN, VICKI, R., ,

Mailing Address PO BOX 308

City
BOLINASState
CAZip Code
94924-0308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769801**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARKIN, VICKI, R., ,

Mailing Address PO BOX 308

City
BOLINASState
CAZip Code
94924-0308FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783808**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARKS, ALEXIS, , ,

Mailing Address 2710 S HAYES ST

City
ARLINGTONState
VAZip Code
22202-2418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
APPLEOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44730821**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5020.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1282 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARKS, DOROTHY, , ,

Mailing Address 30 E 65TH ST

City
NEW YORKState
NYZip Code
10065-7013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740426**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARKS, KENNETH, , ,

Mailing Address 4214 LOS ALTOS CT

City
NAPLESState
FLZip Code
34109-3362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44633903**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARKS, KENNETH, , ,

Mailing Address 4214 LOS ALTOS CT

City
NAPLESState
FLZip Code
34109-3362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44637837**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

322.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARS, DAVID, , ,

Mailing Address 117 SEQUOIA DR

City
SAN ANSELMOState
CAZip Code
94960-2333FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUPLES THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683695**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARS, DAVID, , ,

Mailing Address 117 SEQUOIA DR

City
SAN ANSELMOState
CAZip Code
94960-2333FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUPLES THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754648**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARS, DAVID, , ,

Mailing Address 117 SEQUOIA DR

City
SAN ANSELMOState
CAZip Code
94960-2333FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUPLES THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784251**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARS, DAVID, , ,

Mailing Address 117 SEQUOIA DR

City
SAN ANSELMOState
CAZip Code
94960-2333FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
COUPLES THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794068**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARSH, JOSEPHINE, R., ,

Mailing Address 9911 W RIVERSIDE DR

City
BOTHELLState
WAZip Code
98011-3917FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783963**

Amount of Each Receipt this Period

22.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARSHALL, JUDITH, , ,

Mailing Address 339 CROTON LAKE RD

City
MOUNT KISCOState
NYZip Code
10549-4225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701962**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

532.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1285 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARSHALL, RUSSELL, , ,

Mailing Address 1625 19TH ST

City
WEST DES MOINESState
IAZip Code
50265-1622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679632

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARSHALL, RUSSELL, , ,

Mailing Address 1625 19TH ST

City
WEST DES MOINESState
IAZip Code
50265-1622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714562

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARSHALL, RUSSELL, , ,

Mailing Address 1625 19TH ST

City
WEST DES MOINESState
IAZip Code
50265-1622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740395

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1286 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, DAVID, , ,

Mailing Address 21 ANDOVER DR

City
WARWICKState
RIZip Code
02886-2801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729009**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, JAMES, W, ,

Mailing Address 15163 SE LA BONITA WAY

City
PORTLANDState
ORZip Code
97267-3055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44643489**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN, JAMES, W, ,

Mailing Address 15163 SE LA BONITA WAY

City
PORTLANDState
ORZip Code
97267-3055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44702695**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1287 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, JANICE, W., ,

Mailing Address 318 WESTOVER DR

City
ASHEVILLEState
NCZip Code
28801-1640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760869**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, JOEL, JEROME, ,

Mailing Address 1117 W LIBERTY AVE

City
STILLWATERState
OKZip Code
74075-2115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714606**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN, JOEL, JEROME, ,

Mailing Address 1117 W LIBERTY AVE

City
STILLWATERState
OKZip Code
74075-2115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754542**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1288 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, LENORE, , ,

Mailing Address 460 S RIVER LANDING RD

City
EDGEWATERState
MDZip Code
21037-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657909**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, LENORE, , ,

Mailing Address 460 S RIVER LANDING RD

City
EDGEWATERState
MDZip Code
21037-1551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793713**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN, NEIL, , ,Mailing Address 415 E 52ND ST
APT 9BACity
NEW YORKState
NYZip Code
10022-6426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DONALD N. MARTIN & COMPANYOccupation (for Individual)
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44742987**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1289 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, ROBERT, , ,

Mailing Address 10018 DEKOVEN DR SW

City
LAKEWOODState
WAZip Code
98499-1608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745632**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, SHIRLEY, , ,

Mailing Address 113 ESTELLE DR

City
VICKSBURGState
MSZip Code
39180-9799FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753800**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN, SUSAN, E., ,

Mailing Address 5511 MONTGOMERY ST

City
CHEVY CHASEState
MDZip Code
20815-7106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753339**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1290 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN, TALULA, , ,

Mailing Address 1101 HAVEN CIR

City
DOUGLASVILLEState
GAZip Code
30135-7530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648219**

Amount of Each Receipt this Period

141.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN, TALULA, , ,

Mailing Address 1101 HAVEN CIR

City
DOUGLASVILLEState
GAZip Code
30135-7530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679644**

Amount of Each Receipt this Period

141.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734136**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

297.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734568**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746049**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785150**

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1292 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785371

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788920

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARTIN-SHULTZ, MILLICENT, , ,

Mailing Address 280 E SCHAAF RD

City
BROOKLYN HEIGHTSState
OHZip Code
44131-1205FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CVSOccupation (for Individual)
RETAIL SHIFT SUPERVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798565

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1293 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARTINEAU, GISELE, , ,

Mailing Address 99 BARSTOW LN

City
TOLLANDState
CTZip Code
06084-2527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793303**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARVIN, DANIEL, , ,

Mailing Address 7329 TROY LN N

City
OSSEOState
MNZip Code
55311-3650FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNITED HEALTH CAREOccupation (for Individual)
PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724777**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MASCARENHAS, IGNATIUS, ANTHONY, , SRMailing Address 55 GRAND AVE
APT 2City
ROCKVILLE CTRState
NYZip Code
11570-4253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643500**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1294 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MASON, MARY JANE, , ,

Mailing Address 5326 UPPER POSSUM CREEK RD

City
GATE CITYState
VAZip Code
24251-5778FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAROLINA HEALTH SPECIALISTSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767662**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MASSEY, MARK, , ,

Mailing Address 327 COUNTRY CLUB VW

City
EDWARDSVILLEState
ILZip Code
62025-3774FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BERKSHIRE HATHAWAY HOMESERVICES SELECTOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807053**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MASSIE, ELEANOR, , ,

Mailing Address 2956 ELEGANCE LN

City
VIRGINIA BEACHState
VAZip Code
23456-6949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44638814**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1295 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MASSON, ROBERT, , ,

Mailing Address 1254 CAMINO MELENO

City
SANTA BARBARAState
CAZip Code
93111-1007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714640

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MASTERSON, AMANDA, , ,

Mailing Address 8805 CREST RIDGE CIR

City
AUSTINState
TXZip Code
78750-3044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
BOOKSTORE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44728397

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MASTERSON, AMANDA, , ,

Mailing Address 8805 CREST RIDGE CIR

City
AUSTINState
TXZip Code
78750-3044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
BOOKSTORE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769748

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1296 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MASTERSON, AMANDA, , ,

Mailing Address 8805 CREST RIDGE CIR

City
AUSTINState
TXZip Code
78750-3044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
BOOKSTORE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791430

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATEO, SISA, , ,Mailing Address 1050 E MONTGOMERY AVE
APT 205

City

PHILADELPHIA

State

PA

Zip Code

19125-3448

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCMaster-CARROccupation (for Individual)
OPERATIONS MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673050

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHEWS, DONALD, , ,Mailing Address 50 HARBOR OAK DR
APT 31

City

TIBURON

State

CA

Zip Code

94920-1836

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648233

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1297 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATHEWS, KEVIN, , ,

Mailing Address 1133 KANE DR

City
PORT ORANGEState
FLZip Code
32129-4008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACOBS TECHNOLOGIESOccupation (for Individual)
COMPUTER SYSTEM ADMINISTRATC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724951

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATHEWS, KEVIN, , ,

Mailing Address 1133 KANE DR

City
PORT ORANGEState
FLZip Code
32129-4008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACOBS TECHNOLOGIESOccupation (for Individual)
COMPUTER SYSTEM ADMINISTRATC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734146

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATHEWS, KEVIN, , ,

Mailing Address 1133 KANE DR

City
PORT ORANGEState
FLZip Code
32129-4008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACOBS TECHNOLOGIESOccupation (for Individual)
COMPUTER SYSTEM ADMINISTRATC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754491

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1298 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATHEWS, KEVIN, , ,

Mailing Address 1133 KANE DR

City
PORT ORANGEState
FLZip Code
32129-4008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACOBS TECHNOLOGIESOccupation (for Individual)
COMPUTER SYSTEM ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794546

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATHEWSON, JEANNE, , ,Mailing Address 20 ELM ST
APT 401City
GLENS FALLSState
NYZip Code
12801-3580FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44638822

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATLOCK, JEROME, , ,Mailing Address 1223 WILLOWBROOK DR SE
APT 3City
HUNTSVILLEState
ALZip Code
35802-3831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
IT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673057

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1299 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATLOCK, JEROME, , ,Mailing Address 1223 WILLOWBROOK DR SE
APT 3City
HUNTSVILLEState
ALZip Code
35802-3831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
IT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768633**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATSUO, JOYCE, K., ,

Mailing Address 1755 MAHANI LOOP

City
HONOLULUState
HIZip Code
96819-2833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694389**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MATTICE, JACK, S., ,

Mailing Address 249 JENNINGS AVE

City
PATCHOGUEState
NYZip Code
11772-2558FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704851**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1300 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MATTSON, JEREMY, , ,

Mailing Address 15344 CLUB COURSE DR

City
BATHState
MIZip Code
48808-8797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44769827**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATTSON, JEREMY, , ,

Mailing Address 15344 CLUB COURSE DR

City
BATHState
MIZip Code
48808-8797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787361**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAUK, BARRY, H., ,

Mailing Address 9436 FALLING WATERS CT

City
LAURELState
MDZip Code
20723-5973FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNS HOPKINS ADLOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44731252**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1301 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAULDIN, RICHARD, D., ,

Mailing Address 8968 MONTROSE WAY

City
SAN DIEGOState
CAZip Code
92122-1516FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796401**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAURER, ROBERT, D., ,

Mailing Address 2572 W 28TH AVE

City
EUGENEState
ORZip Code
97405-1456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747197**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAUSHARDT, GARY, , ,

Mailing Address 2230 BENSON AVE

City
SANTA CRUZState
CAZip Code
95065-1680FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ATM CONCEPTSOccupation (for Individual)
VENDOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743568**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1302 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAUSHARDT, GARY, , ,

Mailing Address 2230 BENSON AVE

City
SANTA CRUZState
CAZip Code
95065-1680FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ATM CONCEPTSOccupation (for Individual)
VENDOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795831

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAXSON, STEPHEN, P., ,

Mailing Address PO BOX 929

City
STURBRIDGEState
MAZip Code
01566-0929FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44638848

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAXSON, STEPHEN, P., ,

Mailing Address PO BOX 929

City
STURBRIDGEState
MAZip Code
01566-0929FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673078

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1303 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAXSON, STEPHEN, P., ,

Mailing Address PO BOX 929

City
STURBRIDGEState
MAZip Code
01566-0929FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44691282

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAXWELL, JULIE, , ,

Mailing Address 52 SPRING ST

City
PAWTUCKETState
RIZip Code
02860-3021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648247

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAXWELL, JULIE, , ,

Mailing Address 52 SPRING ST

City
PAWTUCKETState
RIZip Code
02860-3021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663242

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

176.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1304 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYBERRY, KAREN, , ,

Mailing Address 3426 HEATHCLIFF CT

City
WESTFIELDState
INZip Code
46074-5520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722876**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYBERRY, KAREN, , ,

Mailing Address 3426 HEATHCLIFF CT

City
WESTFIELDState
INZip Code
46074-5520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732383**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAYBERRY, KAREN, , ,

Mailing Address 3426 HEATHCLIFF CT

City
WESTFIELDState
INZip Code
46074-5520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756503**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1305 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAYER, KENT, , ,

Mailing Address 10107 OAKWOOD DR

City
URBANDALEState
IAZip Code
50322-6303FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768939

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAYNARD, BOBBY, , ,

Mailing Address 10390 E 26TH AVE

City
AURORAState
COZip Code
80010-1174FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GREAT FALLS CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761021

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAZE, MARILYN, , ,

Mailing Address 3 ANSARI CT

City
BALDWINState
MDZip Code
21013-9768FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ACT, INC.Occupation (for Individual)
SOFTWARE DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44683730

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1306 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAZUR, GAIL, , ,

Mailing Address 5 WALNUT AVE

City
CAMBRIDGEState
MAZip Code
02140-2706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMERSON COLLEGEOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789390**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MAZUR, GAIL, , ,

Mailing Address 5 WALNUT AVE

City
CAMBRIDGEState
MAZip Code
02140-2706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMERSON COLLEGEOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792055**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCADORY, KELVIN, J., ,

Mailing Address 5860 LIME AVE

City
LONG BEACHState
CAZip Code
90805-4108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COUNTY OF LOS ANGELESOccupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787140**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1307 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCBRIDE, WILLIAM, I., ,

Mailing Address 744 CHEROKEE AVE

City
LAFAYETTEState
INZip Code
47905-1872FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PURDUE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772204**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCBROOM, STANLEY, , ,

Mailing Address 6155 PIERCE ST

City
ARVADAState
COZip Code
80003-5335FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685622**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCBROOM, STANLEY, , ,

Mailing Address 6155 PIERCE ST

City
ARVADAState
COZip Code
80003-5335FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753794**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1308 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCABE, MICHAEL, , ,Mailing Address 61 W 29TH PL
APT 4309City
EUGENEState
ORZip Code
97405-5114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648265

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCABE, SARAH, , ,

Mailing Address PO BOX 1408

City
STERLINGState
AKZip Code
99672-1408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792612

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCANDLESS, STEPHEN, P., ,

Mailing Address 130 E END AVE

City
NEW YORKState
NYZip Code
10028-7553FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740401

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1309 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCANN, CATHLEEN, , ,

Mailing Address 800 RIDGE TER

City
EVANSTONState
ILZip Code
60201-2430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714724

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCANN, GREG, , ,

Mailing Address 27732 23RD AVE S

City
FEDERAL WAYState
WAZip Code
98003-6936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE BOEING COMPANYOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788865

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCANN, SCOTT, , ,

Mailing Address 6170 COVINGTON WAY

City
GOLETAState
CAZip Code
93117-1739FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770472

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1310 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCARTY, BARBARA, , ,

Mailing Address 39081 KILIMANJARO CT

City
PALM DESERTState
CAZip Code
92211-7064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648274

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLELLAN, HONOR, E., ,

Mailing Address 1419 BEACON ST

City
BROOKLINEState
MAZip Code
02446-4808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749312

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLELLAN, HONOR, E., ,

Mailing Address 1419 BEACON ST

City
BROOKLINEState
MAZip Code
02446-4808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751672

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1311 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLELLAN, HONOR, E., ,

Mailing Address 1419 BEACON ST

City
BROOKLINEState
MAZip Code
02446-4808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786032

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCLINTOCK, DEE, M., ,

Mailing Address 1121 NE 13TH AVE

City
FT LAUDERDALEState
FLZip Code
33304-2211FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793217

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCLOY, MARGARET, M., ,

Mailing Address 2125 ARLINGTON BLVD

City
FLORENCEState
ALZip Code
35630-2717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800857

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

255.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1312 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCLURE, JOHN, , ,

Mailing Address PO BOX 1597

City
STANWOODState
WAZip Code
98292-1597FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WASHINGTONOccupation (for Individual)
EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781540

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCONNELL, MICHAEL, R, ,

Mailing Address 20310 PASEO DEL CAMPO

City
PORTER RANCHState
CAZip Code
91326-4325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744531

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCONNELL, MICHAEL, R, ,

Mailing Address 20310 PASEO DEL CAMPO

City
PORTER RANCHState
CAZip Code
91326-4325FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801608

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1313 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCONNELL, SANDRA, , ,

Mailing Address 16 DEER TRAIL LAKE RD

City
STOCKHOLMState
NJZip Code
07460-1411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648286**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCORMICK, MARIE, C, ,Mailing Address 6152 VERDE TRL N
APT B126City
BOCA RATONState
FLZip Code
33433-2482FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765195**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCCOY-TAYLOR, PATRICIA, , ,

Mailing Address 19266 NE 149TH ST

City
WOODINVILLEState
WAZip Code
98077-7851FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666641**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1314 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCOY-WILLIAMS, KELLI, L., ,

Mailing Address 21 SPESUTIE ISLAND RD

City
ABERDEEN PROVING GROUNDState
MDZip Code
21005-1413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ACPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44683756

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDEVITT, DANIEL, W., ,

Mailing Address 10721 SW 111TH PL

City
VASHONState
WAZip Code
98070-3035FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SDS DESIGN BUILDERS LLCOccupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699225

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDIARMID, MARJORIE, , ,

Mailing Address 161 WINDWOOD DR

City
MORGANTOWNState
WVZip Code
26505-2493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST VIRGINIA UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

251.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44638905

Amount of Each Receipt this Period

113.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

218.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1315 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDIARMID, MARJORIE, , ,

Mailing Address 161 WINDWOOD DR

City
MORGANTOWNState
WVZip Code
26505-2493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST VIRGINIA UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663281**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDONALD, ALFREDO, , ,

Mailing Address 1761 GREEN ST

City
SAN FRANCISCOState
CAZip Code
94123-4919FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDIA NATIONAL LABORATORIESOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762143**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDONALD, ANN, , ,

Mailing Address 5114 LAUREL LOOP

City
SWIFTWATERState
PAZip Code
18370-7716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERAKEYOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44638909**

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

282.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1316 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDONALD, ANN, , ,

Mailing Address 5114 LAUREL LOOP

City
SWIFTWATERState
PAZip Code
18370-7716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERAKEYOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

464.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648297

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDONALD, ANN, , ,

Mailing Address 5114 LAUREL LOOP

City
SWIFTWATERState
PAZip Code
18370-7716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERAKEYOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663284

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDONALD, ANN, , ,

Mailing Address 5114 LAUREL LOOP

City
SWIFTWATERState
PAZip Code
18370-7716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERAKEYOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

514.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44683761

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1317 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDONALD, ANN, , ,

Mailing Address 5114 LAUREL LOOP

City
SWIFTWATERState
PAZip Code
18370-7716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERAKEYOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797053

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDONALD, PAMELA, , ,

Mailing Address 6056 44TH AVE NE

City
SEATTLEState
WAZip Code
98115-7514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44691327

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDONNELL, MIKE, , ,

Mailing Address 2007 W MUKILTEO BLVD

City
EVERETTState
WAZip Code
98203-1521FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791307

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1318 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDONOUGH, JOHN, , ,

Mailing Address 19522 SE SEMPLE RD

City
DAMASCUSState
ORZip Code
97089-7823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770336**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCDUGALL, TONI, , ,

Mailing Address 463 NW 21ST ST

City
PENDLETONState
ORZip Code
97801-1168FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760353**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCDOWELL, DOROTHY, , ,

Mailing Address 1505 N PONDEROSA ST

City
CANBYState
ORZip Code
97013-2580FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693406**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1319 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCDOWELL, PETER, , ,Mailing Address 345 NW TILGNER LN
APT 14City
DALLASState
ORZip Code
97338-1080FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44638915**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCEWEN, VIRGINIA, , ,

Mailing Address PO BOX 144

City

GUILDERLAND CENTER

State
NYZip Code
12085-0144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663288**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCEWEN, VIRGINIA, , ,

Mailing Address PO BOX 144

City

GUILDERLAND CENTER

State
NYZip Code
12085-0144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

662.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742639**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1320 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780784

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781747

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783554

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1321 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784153

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791869

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCFADDEN, MARGARET, , ,

Mailing Address 1125 EDGEWOOD RD

City
KEWASKUMState
WIZip Code
53040-9140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796161

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1322 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGARITY, CATHLEEN, , ,

Mailing Address 4503 CRESTWAY DR

City
AUSTINState
TXZip Code
78731-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44683772**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCGAUGHEY, HEATHER, , ,

Mailing Address 1733 SWEDE GULCH RD

City
EVERGREENState
COZip Code
80439-3712FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794913**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCGILL, FORREST, , ,Mailing Address 6 LOCKSLEY AVE
APT 3CCity
SAN FRANCISCOState
CAZip Code
94122-3842FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY AND COUNTY OF SAN FRANCISCOOccupation (for Individual)
CURATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44679722**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGINNIS, CATHERINE, , ,

Mailing Address 505 MAIN ST S

City
HUTCHINSONState
MNZip Code
55350-2901FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HUTCH HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761394

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCGUIRE, VAIL, , ,

Mailing Address 360 EAST DR

City
OAKWOODState
OHZip Code
45419-1749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743795

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCGUIRE, VAIL, , ,

Mailing Address 360 EAST DR

City
OAKWOODState
OHZip Code
45419-1749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791606

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

186.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1324 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCGUIRE, VAIL, , ,

Mailing Address 360 EAST DR

City
OAKWOODState
OHZip Code
45419-1749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794789**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCINNIS, ELIZABETH, , ,

Mailing Address 5021 MILTON ST

City
SAN DIEGOState
CAZip Code
92110-1217FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44666403**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCINNIS, ELIZABETH, , ,

Mailing Address 5021 MILTON ST

City
SAN DIEGOState
CAZip Code
92110-1217FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724319**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

665.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1325 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCINTYRE, BRUCE, , ,

Mailing Address 500 OAK RIDGE RD

City
LOS GATOSState
CAZip Code
95033-8204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYIBLA CORPOccupation (for Individual)
SOFTWARE ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44693842**

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCIVER, BILL, , ,

Mailing Address 15369 BROOM ST NE

City
BAINBRIDGE ISLANDState
WAZip Code
98110-1089FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44714854**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCKAY, ALVIN, , ,

Mailing Address 3276 SE HATHAWAY DR

City
CORVALLISState
ORZip Code
97333-9214FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673240**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1326 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKEEL, DIANE, , ,

Mailing Address 121 E 32ND ST

City
HOLLANDState
MIZip Code
49423-5176FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679733

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCKELL, DON, , ,

Mailing Address 31 MARIPOSA AVE

City
LOS GATOSState
CAZip Code
95030-4316FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673244

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCKELL, DON, , ,

Mailing Address 31 MARIPOSA AVE

City
LOS GATOSState
CAZip Code
95030-4316FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745031

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1327 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCKONE, THOMAS, , ,

Mailing Address 1616 NORVELL ST

City
EL CERRITOState
CAZip Code
94530-2244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725021

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCKONE, THOMAS, , ,

Mailing Address 1616 NORVELL ST

City
EL CERRITOState
CAZip Code
94530-2244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756363

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCKONE, THOMAS, , ,

Mailing Address 1616 NORVELL ST

City
EL CERRITOState
CAZip Code
94530-2244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770278

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1328 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCLANE, MICHAEL, , ,

Mailing Address 17850 FITCH

City
IRVINEState
CAZip Code
92614-6002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658039

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCLANE, MICHAEL, , ,

Mailing Address 17850 FITCH

City
IRVINEState
CAZip Code
92614-6002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44728461

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCLANE, MICHAEL, , ,

Mailing Address 17850 FITCH

City
IRVINEState
CAZip Code
92614-6002FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795139

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1329 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCLAUGHRY, RICHARD, , ,

Mailing Address 11 REDINGTON RD

City
NEEDHAMState
MAZip Code
02492-2804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658043**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCLEAN, JOE, LINDSY, ,

Mailing Address 9045 CHURCH ST E

City
BRENTWOODState
TNZip Code
37027-5841FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44731735**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCLELLAN, PAUL, , ,

Mailing Address 9405 GLADE AVE

City
WALKERSVILLEState
MDZip Code
21793-9135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FCPSOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673270**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1330 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCLUCKIE, RUTH, , ,Mailing Address 2021 1ST AVE
APT E16City
SEATTLEState
WAZip Code
98121-3113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663316**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMASTER, RAMONA, JEAN, ,

Mailing Address 7182 ARBEAU DR

City
NEWARKState
CAZip Code
94560-1626FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799494**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMATH, JAMES, BRUCE, ,

Mailing Address 822 BEECHWOOD ST

City
LITTLE ROCKState
ARZip Code
72205-1904FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MCMATH-WOODS P.A.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784510**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1331 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCMILLIN, JANE, , ,

Mailing Address PO BOX 521

City
LAMPASASState
TXZip Code
76550-0031FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658051**

Amount of Each Receipt this Period

135.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMORROW, KEVIN, M., ,

Mailing Address 6948 S STEVENS ST

City
TACOMAState
WAZip Code
98409-1546FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663321**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMORROW, KEVIN, M., ,

Mailing Address 6948 S STEVENS ST

City
TACOMAState
WAZip Code
98409-1546FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663322**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1332 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCMORROW, KEVIN, M., ,

Mailing Address 6948 S STEVENS ST

City
TACOMAState
WAZip Code
98409-1546FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725027

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCMURTRY, NANCY, , ,

Mailing Address 5901 CARY DR

City
AUSTINState
TXZip Code
78757-3109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMC COOccupation (for Individual)
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742607

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCMURTRY, NANCY, , ,

Mailing Address 5901 CARY DR

City
AUSTINState
TXZip Code
78757-3109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMC COOccupation (for Individual)
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

855.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782616

Amount of Each Receipt this Period

380.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

495.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1333 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCNAIR, MARGARET, , ,

Mailing Address 5255 ROLLING RD

City
SPRINGFIELDState
VAZip Code
22151-1108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791704

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCNAIR, MARGARET, , ,

Mailing Address 5255 ROLLING RD

City
SPRINGFIELDState
VAZip Code
22151-1108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793719

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCNALLY, R., STEPHEN, ,

Mailing Address 1911 NUECES ST

City
AUSTINState
TXZip Code
78705-5503FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765812

Amount of Each Receipt this Period

44300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1334 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCNAMARA, BERNARD, Q., ,

Mailing Address 27 SANDBRIDGE

City
ALISO VIEJOState
CAZip Code
92656-1905FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44666166**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCNEIL, DEBORAH, , ,

Mailing Address 1049 S ELMGROVE ST

City
SEATTLEState
WAZip Code
98108-4427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663328**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCNEIL, WILLIAM, E., , SR

Mailing Address 4530 6TH PL NE

City
WASHINGTONState
DCZip Code
20017-2203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44648348**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1335 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCNEIL, WILLIAM, E., , SR

Mailing Address 4530 6TH PL NE

City
WASHINGTONState
DCZip Code
20017-2203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679749**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCNERTNEY, EDWARD, , ,

Mailing Address 5505 FULL MOON DR

City
FORT WORTHState
TXZip Code
76132-2309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TCUOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686640**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCNITT, ANDREW, D., ,

Mailing Address 1018 9TH ST

City
CHARLESTONState
ILZip Code
61920-2814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731757**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1336 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCPHERSON, RON, , ,Mailing Address 10450 LOTTSFORD RD
APT 4218City
MITCHELLVILLEState
MDZip Code
20721-2752FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686668**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCQUADE, JOSEPH, , ,Mailing Address 2981 SAINT REGENTS DR
APT 188City
FAIRFAXState
VAZip Code
22031-1249FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTRAL INTELLIGENCE AGENCYOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732487**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCQUADE, JOSEPH, , ,Mailing Address 2981 SAINT REGENTS DR
APT 188City
FAIRFAXState
VAZip Code
22031-1249FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTRAL INTELLIGENCE AGENCYOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767573**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1337 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCQUADE, JOSEPH, , ,Mailing Address 2981 SAINT REGENTS DR
APT 188City
FAIRFAXState
VAZip Code
22031-1249FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CENTRAL INTELLIGENCE AGENCYOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781105**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCQUOID, KIM, A., ,

Mailing Address 673 CUB CIR

City
ASHLANDState
ORZip Code
97520-1483FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681735**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MCRAE, ROBERT, , , JR

Mailing Address 22 MONTICELLO DR

City
LAKE OSWEGOState
ORZip Code
97035-1416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714712**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

655.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1338 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCSWEENEY, JOSEPH, , ,

Mailing Address 4502 W LAKE RD

City
AUBURNState
NYZip Code
13021-1192FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673312**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEAD, LISA, A, ,

Mailing Address 5827 E LARKSPUR DR

City
SCOTTSDALEState
AZZip Code
85254-4358FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681200**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEAKIN, VICTORIA, , ,Mailing Address 16 JAY ST
FL 4City
NEW YORKState
NYZip Code
10013-2867FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
1800 SPECSOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658076**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1339 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEAKIN, VICTORIA, , ,Mailing Address 16 JAY ST
FL 4City
NEW YORKState
NYZip Code
10013-2867FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
1800 SPECSOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785457**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEALY, NICHOLAS, , ,

Mailing Address 1318 TRESTLE GLEN RD

City
OAKLANDState
CAZip Code
94610-2525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714935**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEALY, NICHOLAS, , ,

Mailing Address 1318 TRESTLE GLEN RD

City
OAKLANDState
CAZip Code
94610-2525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761562**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1340 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEARNS, DOUGLAS, , ,

Mailing Address 3219 4TH ST N

City
ARLINGTONState
VAZip Code
22201-1615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745819**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEARS, PRESTON, K, ,

Mailing Address 15101 CANDY HILL RD

City
UPPER MARLBOROState
MDZip Code
20772-8013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759284**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEDINETS, LEE, DAVID, ,

Mailing Address 1402 LEXINGTON AVE

City
LAKEWOODState
NJZip Code
08701-1871FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MADISON COMMERCIAL REAL ESTATE SERVICEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687156**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1341 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEDINETS, LEE, DAVID, ,

Mailing Address 1402 LEXINGTON AVE

City
LAKEWOODState
NJZip Code
08701-1871FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MADISON COMMERCIAL REAL ESTATE SERVICE

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44714946

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEDINETS, LEE, DAVID, ,

Mailing Address 1402 LEXINGTON AVE

City
LAKEWOODState
NJZip Code
08701-1871FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

MADISON COMMERCIAL REAL ESTATE SERVICE

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787683

Amount of Each Receipt this Period

63.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEDOW, EVAN, , ,

Mailing Address 529 SANTA ROSA LN

City
SANTA BARBARAState
CAZip Code
93108-2139FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

SELF-EMPLOYED

Occupation (for Individual)

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699306

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

213.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1342 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEDOW, EVAN, , ,

Mailing Address 529 SANTA ROSA LN

City
SANTA BARBARAState
CAZip Code
93108-2139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763558**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEDOW, EVAN, , ,

Mailing Address 529 SANTA ROSA LN

City
SANTA BARBARAState
CAZip Code
93108-2139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768651**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEGLLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699307**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1343 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEGLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699308**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEGLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714953**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEGLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751758**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1344 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEGLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763711

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEGLEN, MARIE, , ,

Mailing Address 29 SOUTHBURY LN

City
COLUMBIAState
SCZip Code
29209-4238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786093

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEHLINGER, HOWARD, D., ,

Mailing Address 3271 N RAMBLE RD E

City
BLOOMINGTONState
INZip Code
47408-1094FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44665414

Amount of Each Receipt this Period

450.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1345 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEHTA, KISHOR, , ,

Mailing Address 4002 16TH ST

City
LUBBOCKState
TXZip Code
79416-6021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760914**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEI, ELAINE, , ,Mailing Address 2 AVERY ST
PH 1CCity
BOSTONState
MAZip Code
02111-1021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693446**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEIER, JANE, , ,

Mailing Address 1721 GUINDA ST

City
PALO ALTOState
CAZip Code
94303-2947FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666283**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1346 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEIER, KATHLEEN, , ,

Mailing Address 6926 TWIN BEECH CT

City
MANASSASState
VAZip Code
20111-4382FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768687

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEIGS, MARTHA, , ,

Mailing Address 8226 WOODPATH LN

City
POWELLState
TNZip Code
37849-5464FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OAK RIDGE NATIONAL LABOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784594

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEIGS, MARTHA, , ,

Mailing Address 8226 WOODPATH LN

City
POWELLState
TNZip Code
37849-5464FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OAK RIDGE NATIONAL LABOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788878

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1347 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEIGS, MARTHA, , ,

Mailing Address 8226 WOODPATH LN

City
POWELLState
TNZip Code
37849-5464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAK RIDGE NATIONAL LABOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800505

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEIGS, MARTHA, , ,

Mailing Address 8226 WOODPATH LN

City
POWELLState
TNZip Code
37849-5464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OAK RIDGE NATIONAL LABOccupation (for Individual)
ELECTRICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800861

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEISELMAN, KARIN, , ,

Mailing Address 627 E MENDOCINO ST

City
ALTADENAState
CAZip Code
91001-2336FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673347

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1348 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEISENHEIMER, LESTER, PAUL, ,

Mailing Address 755 HIGHWOOD DR SW

City
ISSAQUAHState
WAZip Code
98027-4536FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714961

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEISNER, MICHAEL, , ,

Mailing Address 108 KALER RD

City
BELFASTState
MEZip Code
04915-7318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44714964

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELCHERS, KAREN, , ,

Mailing Address 222 BRET HARTE RD

City
SAN RAFAELState
CAZip Code
94901-5251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666553

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1349 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MELENDEZ, ANGELA, , ,Mailing Address 3670 SW 60TH AVE
APT 1City
DAVIEState
FLZip Code
33314-2654FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44769855

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MELENDEZ, ANGELA, , ,Mailing Address 3670 SW 60TH AVE
APT 1City
DAVIEState
FLZip Code
33314-2654FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44769856

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELENDEZ, ANGELA, , ,Mailing Address 3670 SW 60TH AVE
APT 1City
DAVIEState
FLZip Code
33314-2654FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

115.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44772299

Amount of Each Receipt this Period

- 15.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1350 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MELLON, MARGARET, , ,

Mailing Address 5417 42ND ST NW

City
WASHINGTONState
DCZip Code
20015-2913FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNION OF CONCERNED SCIENTISTSOccupation (for Individual)
POLICY ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1562.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648359**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MELLON, NANCY, , ,Mailing Address 1635 N WILLIAMSON BLVD
APT 244City
DAYTONA BEACHState
FLZip Code
32117-7280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759296**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MELOT, PAM, , ,

Mailing Address 8035 W 63RD AVE

City
ARVADAState
COZip Code
80004-3411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIVATE CHILDCARE COLORADOOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44714981**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MELOT, PAM, , ,

Mailing Address 8035 W 63RD AVE

City
ARVADAState
COZip Code
80004-3411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRIVATE CHILDCARE COLORADOOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44729528

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5308.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639014

Amount of Each Receipt this Period

135.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5308.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639015

Amount of Each Receipt this Period

202.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

387.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1352 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44639016

Amount of Each Receipt this Period

202.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5544.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648361

Amount of Each Receipt this Period

101.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5544.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648362

Amount of Each Receipt this Period

135.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

438.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1353 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5746.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658101

Amount of Each Receipt this Period

202.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEMISHIAN, JOHN, , ,

Mailing Address 14 DEMOCRACY WAY

City
WESTONState
MAZip Code
02493FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5948.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679759

Amount of Each Receipt this Period

202.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENAGHAN, ELIZABETH, , ,

Mailing Address 165 E SOUTH ST

City
WORTHINGTONState
OHZip Code
43085-4129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729141

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

904.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1354 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENDELSON, BARBARA, , ,

Mailing Address 50 RIVERSIDE DR

City
NEW YORKState
NYZip Code
10024-6555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MORRISON & FOERSTEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673367**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639020**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648365**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1355 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658106

Amount of Each Receipt this Period

3.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658107

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

691.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673370

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729535

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

806.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729536

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1056.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735641

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1357 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENDEZ, EDITH, , ,

Mailing Address 1168 SANTA CRUZ WAY

City
ROHNERT PARKState
CAZip Code
94928-2825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1106.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787328**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENDLEN, JULAINA, , ,

Mailing Address 2151 CALLE POCO

City
EL CAJONState
CAZip Code
92019-3540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LIGHTBRIDGE HOSPICEOccupation (for Individual)
HEALTHCARE EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788656**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENKE, JOHN, , ,

Mailing Address 170 ESTATES DR

City
PIEDMONTState
CAZip Code
94611-3314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MENKE & ASSOCIATES INC.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748394**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1358 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENSHER, JOHN, , ,

Mailing Address 1612 8TH AVE W

City
SEATTLEState
WAZip Code
98119-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658111

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENSHER, JOHN, , ,

Mailing Address 1612 8TH AVE W

City
SEATTLEState
WAZip Code
98119-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679763

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENSHER, JOHN, , ,

Mailing Address 1612 8TH AVE W

City
SEATTLEState
WAZip Code
98119-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44691403

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1359 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MENSHER, JOHN, , ,

Mailing Address 1612 8TH AVE W

City
SEATTLEState
WAZip Code
98119-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741689**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MENSHER, JOHN, , ,

Mailing Address 1612 8TH AVE W

City
SEATTLEState
WAZip Code
98119-2921FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770397**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MENZEL, RICHARD, , ,Mailing Address 214 E CHERRY ST
APT 104City
VERMILLIONState
SDZip Code
57069-1302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765282**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1360 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERANZE LEVITT, JULIE, , ,

Mailing Address 33 E PRINCETON RD

City
BALA CYNWYDState
PAZip Code
19004-2242FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44672562**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERCER, MICHELLE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760950**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERCER, MICHELLE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44843452**

Amount of Each Receipt this Period

- 5700.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

44800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1361 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEREDITH, MARSHA, JEAN, ,

Mailing Address 16992 SHIPMAN RD

City
CARLINVILLEState
ILZip Code
62626-2345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BLACKBURN COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753731**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEREDITH, SARAH, , ,

Mailing Address PO BOX 5

City
GILBOAState
NYZip Code
12076-0005FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
YOGA TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44633904**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEREDIZ, OLGA, , ,Mailing Address 347 W 57TH ST
APT 14DCity
NEW YORKState
NYZip Code
10019-3167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643599**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1362 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEREDIZ, OLGA, , ,Mailing Address 347 W 57TH ST
APT 14DCity
NEW YORKState
NYZip Code
10019-3167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797907**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRELL, CHARLOTTE, , ,

Mailing Address 90 JOSEPHINE AVE

City
SOMERVILLEState
MAZip Code
02144-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JACK MORTON WORLDWIDEOccupation (for Individual)
EXECUTIVE VICE PREISDENT, HUM/

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691411**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691412**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1363 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44715007

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44702696

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

446.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780133

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1364 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780140

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780146

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, JUDY, D., ,

Mailing Address 5853 FREMONT ST

City
OAKLANDState
CAZip Code
94608-2611FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801316

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1365 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643601

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673398

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679768

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1366 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691413**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715008**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44704958**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1367 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44704959

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725068

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

453.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754218

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1368 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, SALLY, R., ,

Mailing Address 23 FORT POND RD

City
ACTONState
MAZip Code
01720-2607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755511

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERRILL, VIRGINIA, E., ,

Mailing Address 2304 RIVIERA DR

City
VIENNAState
VAZip Code
22181-3115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAYA GOVERNMENT SOLUTIONSOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648373

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MERRILL, VIRGINIA, E., ,

Mailing Address 2304 RIVIERA DR

City
VIENNAState
VAZip Code
22181-3115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAYA GOVERNMENT SOLUTIONSOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673396

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

243.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1369 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERRILL, VIRGINIA, E., ,

Mailing Address 2304 RIVIERA DR

City
VIENNAState
VAZip Code
22181-3115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AVAYA GOVERNMENT SOLUTIONSOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673401**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MERTESDORF, CAROL, , ,

Mailing Address 6070 GYPSY VALLEY RD

City
ANOKAState
MNZip Code
55303-9661FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687169**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. METCALF, VIRGINIA, A., ,

Mailing Address 8814 30TH STREET CT NW

City
GIG HARBORState
WAZip Code
98335-6015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759614**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1370 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. METCALF, VIRGINIA, A., ,

Mailing Address 8814 30TH STREET CT NW

City
GIG HARBORState
WAZip Code
98335-6015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771959**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. METZLER RITTER, AMY, , ,

Mailing Address 3340 CLAY ST

City
SAN FRANCISCOState
CAZip Code
94118-2007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44760952**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEYER, AILEEN, , ,Mailing Address 4201 CATHEDRAL AVE NW
APT 623ECity
WASHINGTONState
DCZip Code
20016-4993FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684637**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1371 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEYER, BARBARA, , ,

Mailing Address 51 PINE ST

City
MEDFIELDState
MAZip Code
02052-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699341

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEYER, SUSAN, , ,

Mailing Address 412 E SALEM HILLS CIR

City
ELK RIDGEState
UTZip Code
84651-9528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US FOREST SERVICEOccupation (for Individual)
RESEARCH ECOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44755091

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEYERS, CHRISTOPHER, , ,

Mailing Address 2353 W CANTINA WAY

City
PALM SPRINGSState
CAZip Code
92264-8915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44725076

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1372 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MEYERS, RACHEL, E, ,

Mailing Address 115 DEVONSHIRE RD

City
WABANState
MAZip Code
02468-2218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RACHEL MEYERSOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681410**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MEYERS, STANLEY, , ,Mailing Address 30 W 60TH ST
APT 1ALCity
NEW YORKState
NYZip Code
10023-7902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793708**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MEZEY, PHILIP, , ,

Mailing Address 9296 TRIESTE DR

City
FORT MYERSState
FLZip Code
33913-6797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

437.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749952**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

512.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MICHAEL, RICHARD, A, ,

Mailing Address 505 ROSEMARY DR

City
CEDAR FALLSState
IAZip Code
50613-9527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731583**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MICHAELAN, BRIAN, , ,

Mailing Address PO BOX 582

City
PROVINCETOWNState
MAZip Code
02657-0582FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715043**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIDDLEBROOK, SHERRY, , ,

Mailing Address 1997 170TH ST

City
CORYDONState
IAZip Code
50060-8607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639074**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIDDLEBROOK, SHERRY, , ,

Mailing Address 1997 170TH ST

City
CORYDONState
IAZip Code
50060-8607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738454**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIDGLEY, LEONORA, , ,

Mailing Address 3296 DAYBREAKER DR

City
PARK CITYState
UTZip Code
84098-5838FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44679780**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIEHER, WALTER, , ,

Mailing Address 14135 OLD JAPANESE RD

City
LOS GATOSState
CAZip Code
95033-8531FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KLA TENCOR CORPOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729543**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1375 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIELE-WEN, DEBBIE, , ,

Mailing Address 168 MEADOWS DR

City
MELROSEState
NYZip Code
12121-2923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764576

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIKKELSEN, PETER, G., ,

Mailing Address 658 66TH ST

City
OAKLANDState
CAZip Code
94609-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686769

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIKKELSEN, PETER, G., ,

Mailing Address 658 66TH ST

City
OAKLANDState
CAZip Code
94609-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724739

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1376 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658155

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658156

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673441

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1377 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715072

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764445

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MIKOL, LAUREN, , ,

Mailing Address 1701 GARNER AVE

B

City
AUSTINState
TXZip Code
78704-3347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MADISON METROP SCHOOL DISTRICTOccupation (for Individual)
SCHOOL PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791661

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1378 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILGROM, PAUL, , ,

Mailing Address 903 COTTRELL WAY

City
STANFORDState
CAZip Code
94305-1057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANFORD UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782593**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLAR, ROBIN, , ,

Mailing Address 1841 SHADY BROOK DR

City
THOUSAND OAKSState
CAZip Code
91362-1335FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIMI VALLEY HOSPITALOccupation (for Individual)
ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763329**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, AMOREENA, , ,

Mailing Address 7055 16TH AVE NE

City
SEATTLEState
WAZip Code
98115-5734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STRATA ARCHITECTSOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766629**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

843.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1379 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, DIANA, , ,

Mailing Address 4946 MULHOLLAND DR

City
LAKE OSWEGOState
ORZip Code
97035-4394FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780865

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, DIANA, , ,

Mailing Address 4946 MULHOLLAND DR

City
LAKE OSWEGOState
ORZip Code
97035-4394FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791845

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, DON, H., ,

Mailing Address 100 THORNDAL DR
APT 421City
SAN RAFAELState
CAZip Code
94903-4584FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44758450

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

376.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1380 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, EDWARD, , ,

Mailing Address 413 LATIMER ST

City
WOODSTOCKState
GAZip Code
30188-5039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CINDY MILLER COMMUNICATIONSOccupation (for Individual)
COMMUNICATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663386

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, EDWARD, , ,

Mailing Address 413 LATIMER ST

City
WOODSTOCKState
GAZip Code
30188-5039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CINDY MILLER COMMUNICATIONSOccupation (for Individual)
COMMUNICATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663395

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, EDWARD, , ,

Mailing Address 413 LATIMER ST

City
WOODSTOCKState
GAZip Code
30188-5039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CINDY MILLER COMMUNICATIONSOccupation (for Individual)
COMMUNICATIONS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679798

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1381 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, GWENDOLYN, G. DITMARS, ,

Mailing Address 1440 G ST

City
WOODBIDGEState
VAZip Code
22191-1642FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729359**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, HAROLD, , ,

Mailing Address 1200 NEVADA AVE

City
PROVOState
UTZip Code
84606-6460FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BRIGHAM YOUNG UNIVERSITYOccupation (for Individual)
PROFESSOR OF PSYCHOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791368**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JACK, , ,

Mailing Address 291 MONTE VISTA LN

City
PETALUMAState
CAZip Code
94952-7610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44704988**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1382 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, JACK, , ,

Mailing Address 291 MONTE VISTA LN

City
PETALUMAState
CAZip Code
94952-7610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44729553

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, JOHN, , ,

Mailing Address 3508 WALNUT AVE

City
MANHATTAN BEACHState
CAZip Code
90266-3556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COX CASTLE & NICHOLSONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44715093

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JOHN, , ,

Mailing Address 3508 WALNUT AVE

City
MANHATTAN BEACHState
CAZip Code
90266-3556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COX CASTLE & NICHOLSONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44715130

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1383 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, JOHN, CLIFFORD, ,

Mailing Address 2125 CEDARFIELD LN

City
HENRICOState
VAZip Code
23233-1937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702149**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, JOHN, , ,

Mailing Address 3508 WALNUT AVE

City
MANHATTAN BEACHState
CAZip Code
90266-3556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COX CASTLE & NICHOLSONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784216**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, JUDITH, L, ,Mailing Address 5354 W 62ND ST
APT 143City
INDIANAPOLISState
INZip Code
46268-2472FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772361**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1384 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, KAREN, , ,

Mailing Address 2303 E ORVILLA RD

City
HATFIELDState
PAZip Code
19440-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667229**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, LYNDEN, B., ,

Mailing Address 1170 5TH AVE

City
NEW YORKState
NYZip Code
10029-6527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766060**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, MARY, C., ,

Mailing Address 3804 CEDAR LAKE PL

City
MINNEAPOLISState
MNZip Code
55416-3567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686777**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1385 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, NICHOLAS, G, ,

Mailing Address 920 E WARM SPRINGS AVE

City
BOISEState
IDZip Code
83712-7945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HAWLEY TROXELLOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2025

Transaction ID : 44666233

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, ROBERT, I, ,

Mailing Address 16 PATTI PL

City
HOPEWELL JUNCTIONState
NYZip Code
12533-6814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SHOLES AND MILLER LLCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2025

Transaction ID : 44729550

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, ROSS, , ,

Mailing Address 155 GREENWOOD LN

City
CARROLLTONState
GAZip Code
30117-5554FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2025

Transaction ID : 44787542

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLER, ROSS, , ,

Mailing Address 155 GREENWOOD LN

City
CARROLLTONState
GAZip Code
30117-5554FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794037

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLER, VIRGINIA, M, ,

Mailing Address 5834 WINDSOR DR

City
FAIRWAYState
KSZip Code
66205-3344FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44681397

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER-BERNAL, LESLIE, , ,

Mailing Address 54 HIGHSETT

CAMBRIDGE CB2 1NZ UNITED KINGD

City
OMState
ZZZip Code
00000FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648401

Amount of Each Receipt this Period

113.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

663.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1387 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILLS, ERIE, , ,

Mailing Address 3661 BERNAL AVE

City
PLEASANTONState
CAZip Code
94566-7267FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663405

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILLS, MARGARET, A, ,

Mailing Address PO BOX 191

City
DEER HARBORState
WAZip Code
98243-0191FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715160

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLS, OLAN, , , II

Mailing Address PO BOX 23456

City
CHATTANOOGAState
TNZip Code
37422-3456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OLAN MILLS, INC.Occupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

41300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765810

Amount of Each Receipt this Period

41300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1388 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MILMAN, TESSA, , ,Mailing Address 108 W 2ND ST
APT 410City
LOS ANGELESState
CAZip Code
90012-2776FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF SOUTHERN CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780419

Amount of Each Receipt this Period

94.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MILMAN, TESSA, , ,Mailing Address 108 W 2ND ST
APT 410City
LOS ANGELESState
CAZip Code
90012-2776FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF SOUTHERN CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790091

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILRANY, DONNA, , ,

Mailing Address 10101 W LARIAT DR

City
BOISEState
IDZip Code
83714-9553FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754687

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

244.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1389 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MINDOK, SUSAN, M., ,

Mailing Address 512 QUINNESEC ST

City
IRON MOUNTAINState
MIZip Code
49801-2227FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44691459

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MINEHAN, CATHY, , ,Mailing Address 128 BEACON ST
UNIT JCity
BOSTONState
MAZip Code
02116-1544FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIMMONS COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725110

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MINER, ZACH, , ,Mailing Address 103 GREENE AVE
APT 2City
BROOKLYNState
NYZip Code
11238-1009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PHILLIPSOccupation (for Individual)
ART DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673506

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1390 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MISA, CRISTINA, , ,

Mailing Address 10745 MARKHAM DR

City
GOWANDAState
NYZip Code
14070-9603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYS DOCCSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769698**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MISSISSIPPI BAND OF CHOCTAW INDIANS

Mailing Address PO BOX 6010

City
CHOCTAWState
MSZip Code
39350-6010FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44726474**

Amount of Each Receipt this Period

41300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MISSMAN, ROLLAND, , ,

Mailing Address 4139 RIVA RIDGE DR

City
FAIR OAKSState
CAZip Code
95628-6428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673520**

Amount of Each Receipt this Period

104.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41429.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MISSMAN, ROLLAND, , ,

Mailing Address 4139 RIVA RIDGE DR

City
FAIR OAKSState
CAZip Code
95628-6428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699433

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MITCHELL, GLORIA, , ,

Mailing Address 24113 GLENBROOK BLVD

City
EUCLIDState
OHZip Code
44117-1970FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705004

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHELL, HORACE, , ,

Mailing Address 6681 BRENTWOOD DR

City
HUNTINGTON BEACHState
CAZip Code
92648-6655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687215

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1392 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHELL, LINDA, L, ,Mailing Address 40 E 94TH ST
APT 32DCity
NEW YORKState
NYZip Code
10128-0759FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767634**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MITCHELL, OCIE, , ,

Mailing Address 4402 AVENIDA DE LAS ESTRELL

City
YORBA LINDAState
CAZip Code
92886-3128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SPIREONOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663423**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHEM, GAIL, , ,Mailing Address 1090 EDDY ST
APT 503City
SAN FRANCISCOState
CAZip Code
94109-7609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44683994**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1393 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITCHNICK, PATRICIA, , ,Mailing Address 859 STETSON ST
785City
MOSS BEACHState
CAZip Code
94038-9663FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743539

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MITTAN, STEVEN, , ,

Mailing Address 8316 CHILDS RD

City
GLENSIDEState
PAZip Code
19038-7502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759709

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITZNER, RONNIE, A., ,Mailing Address 1800 CLAIRMONT LK
UNIT 330City
DECATURState
GAZip Code
30033-4038FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693859

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1394 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MITZNER, RONNIE, A., ,Mailing Address 1800 CLAIRMONT LK
UNIT 330City
DECATURState
GAZip Code
30033-4038FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44807660

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MLYNIEC, VICTORIA, , ,

Mailing Address 25135 SOQUEL SAN JOSE RD

City
LOS GATOSState
CAZip Code
95033-9200FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743210

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOELLER, MARIA, VALERIANA, ,Mailing Address 1201 YALE PL
APT 609City
MINNEAPOLISState
MNZip Code
55403-1956FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722213

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1395 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOELLER, MARIA, VALERIANA, ,Mailing Address 1201 YALE PL
APT 609City
MINNEAPOLISState
MNZip Code
55403-1956FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757012**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOERMAN, STEPHANIE, , ,

Mailing Address 7646 TIVERTON DR

City
SPRINGFIELDState
VAZip Code
22152-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639160**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOGHADAM, EILEEN, , ,

Mailing Address 809 EDWIN LN

City
BRYN MAWRState
PAZip Code
19010-1810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693391**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1037.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1396 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLDWIN, WILLIAM, G., ,

Mailing Address 3630 LAKESHORE RD

City
DECKERVILLEState
MIZip Code
48427-9648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44722993

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLGAARD, JANINE, , ,

Mailing Address 7216 PARKWOODS DR

City
STOCKTONState
CAZip Code
95207-1410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN JOAQUIN COUNTY COUNSELOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663432

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLGAARD, JANINE, , ,

Mailing Address 7216 PARKWOODS DR

City
STOCKTONState
CAZip Code
95207-1410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN JOAQUIN COUNTY COUNSELOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784608

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1397 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLGAARD, JANINE, , ,

Mailing Address 7216 PARKWOODS DR

City
STOCKTONState
CAZip Code
95207-1410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN JOAQUIN COUNTY COUNSELOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793728

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLINA, ANTHONY, , ,

Mailing Address PO BOX 25424

City
FRESNOState
CAZip Code
93729-5424FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658224

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOLINELLI, THOMAS, E., ,

Mailing Address 11 SURDI PL

City
BABYLONState
NYZip Code
11702-1826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GEORGETOWN UNIVOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44729582

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1398 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOLINO, TIMOTHY, , ,

Mailing Address 21 MORNING SKY LN

City
LAS VEGASState
NVZip Code
89135-7861FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TIBER CREEK GROUPOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44749069**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLONY, DONALD, A, ,

Mailing Address 6410 MERCER ST

City
HOUSTONState
TXZip Code
77005-3734FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639166**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MONAHAN, JOHN, , ,

Mailing Address 98 A HARBOR ST

City
BRANFORDState
CTZip Code
06405-4409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
YALE UNIVERSITYOccupation (for Individual)
MUSEUM CURATORIAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673559**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1399 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MONDELLO, PATRICIA, A., ,

Mailing Address 17 CLARK AVE

City
LYNBROOKState
NYZip Code
11563-1433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722134**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MONGE, KATHERINE, , ,Mailing Address 28 K ST SE
APT 1018City
WASHINGTONState
DCZip Code
20003-3285FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAPITOL TAX PARTNERS, LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44760962**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MONROE, MARY, , ,

Mailing Address 242 W MAIN ST

City
BLOOMFIELDState
INZip Code
47424-1338FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666284**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1400 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MONTGOMERY, DENISE, LYNNE, ,

Mailing Address 19 PEYTON ST

City
STAUNTONState
VAZip Code
24401-3061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743543**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MONTGOMERY, DENISE, LYNNE, ,

Mailing Address 19 PEYTON ST

City
STAUNTONState
VAZip Code
24401-3061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763283**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MONTGOMERY, HUGH, , ,

Mailing Address 6140 ARROWHEAD DR

City
SYLVANIAState
OHZip Code
43560-2103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MICHIGANOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673579**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

207.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1401 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOODY, LINDA, , ,

Mailing Address 3800 FAIRFAX DR
APT 214City
ARLINGTONState
VAZip Code
22203-1759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715271

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOODY, LINDA, , ,

Mailing Address 3800 FAIRFAX DR
APT 214City
ARLINGTONState
VAZip Code
22203-1759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738421

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOODY, LINDA, , ,

Mailing Address 3800 FAIRFAX DR
APT 214City
ARLINGTONState
VAZip Code
22203-1759FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744548

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

155.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1402 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOODY, STEPHEN, , ,

Mailing Address 21 CLARK RD

City
BROOKLINEState
MAZip Code
02445-6029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715272

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, BARBARA, A., ,

Mailing Address 27 SPRING GLEN DR

City
DEBARYState
FLZip Code
32713-2510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771453

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, ELINOR, , ,Mailing Address 1300 NE 16TH AVE
APT 625City
PORTLANDState
ORZip Code
97232-4416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663453

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

720.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1403 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, ELINOR, , ,Mailing Address 1300 NE 16TH AVE
APT 625City
PORTLANDState
ORZip Code
97232-4416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715296**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, ELINOR, , ,Mailing Address 1300 NE 16TH AVE
APT 625City
PORTLANDState
ORZip Code
97232-4416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746228**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, FRANCES, , ,

Mailing Address 3747 NE MILTON ST

City
PORTLANDState
ORZip Code
97212-1956FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731547**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

630.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1404 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORE, JAMES, A, ,

Mailing Address 815 RICE ST

City
HIGHLAND PARKState
ILZip Code
60035-4738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44772007

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOORE, JULIA, , ,

Mailing Address 11038 SEVEN HILL LN

City
POTOMACState
MDZip Code
20854-3244FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754331

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOORE, PAMELA, , ,

Mailing Address 980 HIDDEN LN

City
GROSSE POINTE WOODSState
MIZip Code
48236-1522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783435

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1405 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOORMAN, ROSE ANN, , ,

Mailing Address 13358 NW HARTFORD ST

City
PORTLANDState
ORZip Code
97229-3754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673610

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORAUER, SUSAN, , ,

Mailing Address 1705 NORWOOD AVE

City
BOULDERState
COZip Code
80304-1217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687244

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORELAND, EMILY, H., ,

Mailing Address 316 EANES SCHOOL RD

City
WEST LAKE HILLSState
TXZip Code
78746-6492FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORELAND PROPERTIESOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44706842

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1406 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORGAN, KATHARINE, B., ,

Mailing Address 100 WAKE ROBIN DR

City
SHELBURNEState
VTZip Code
05482-7530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686642**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORGAN, ROBERT, , ,

Mailing Address 2325 COBBLECREEK DR

City
CONROEState
TXZip Code
77384-3703FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIV. TEXAS SCHOOL OF PUBLIC HEALTHOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763267**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORISON, JAMES, , ,

Mailing Address 7438 NE 129TH ST

City
KIRKLANDState
WAZip Code
98034-5729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WASHINGTONOccupation (for Individual)
OCEANOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715339**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1407 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORONEY, CHRISTOPHER, , ,

Mailing Address 21 HIGHLAND CIR

City
BRONXVILLEState
NYZip Code
10708-5909FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673641

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORRILL, JEANNE, P., ,Mailing Address 201 SAINT MARK WAY
APT 408City
WESTMINSTERState
MDZip Code
21158-4195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44694622

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRIS, JEFFREY, A., ,

Mailing Address 629 HOLLY RD

City
MARSHFIELDState
MAZip Code
02050-1776FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44723982

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1408 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORRIS, KENNETH, , ,

Mailing Address 80 WINDSHIP DR

City
PORT TOWNSENDState
WAZip Code
98368-9545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715357

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORRIS, KENNETH, , ,

Mailing Address 80 WINDSHIP DR

City
PORT TOWNSENDState
WAZip Code
98368-9545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745397

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRIS, KENNETH, , ,

Mailing Address 80 WINDSHIP DR

City
PORT TOWNSENDState
WAZip Code
98368-9545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757369

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1409 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORRIS, ROBERT, , ,

Mailing Address 920 WELLSRING CT

City
MURFREESBOROState
TNZip Code
37130-9004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PARKS REALTYOccupation (for Individual)
BROKER - INTERNATIONAL SPEAKE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44807078**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORRIS, THELMA, LOVETTE, ,

Mailing Address 3554 CAMP ST

City
PITTSBURGHState
PAZip Code
15219-5704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673648**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORRIS, THELMA, LOVETTE, ,

Mailing Address 3554 CAMP ST

City
PITTSBURGHState
PAZip Code
15219-5704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44715346**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1410 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORRISON, FRANCES-HELENE, S, ,

Mailing Address 3572 BELLOWS CT

City
TROYState
MIZip Code
48083-5616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724510

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORRISON, RON, , ,

Mailing Address 1957 15TH ST

City

SAN FRANCISCO

State
CAZip Code
94114-4009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740193

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORROW, CAROLYN, R., ,

Mailing Address 778 E 6TH AVE

City

SALT LAKE CITY

State
UTZip Code
84103-3526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44706576

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1411 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORROW, CAROLYN, R., ,

Mailing Address 778 E 6TH AVE

City
SALT LAKE CITYState
UTZip Code
84103-3526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44706577**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MORSCHHAUSER, LAUREL, J., ,

Mailing Address 939 FOUNDERS WAY

City
EAST PETERSBURGState
PAZip Code
17520-1281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44771080**

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORTENSEN, RYAN, , ,

Mailing Address 2642 15TH AVE

City
SAN FRANCISCOState
CAZip Code
94127-1314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DIMENSION LABSOccupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44739617**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1412 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSELEY, STEPHEN, , ,

Mailing Address 7207 FAIRFAX RD

City
BETHESDAState
MDZip Code
20814-1236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742867**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSES, GENA, , ,

Mailing Address 23 AUBURN ST

City
CONCORDState
NHZip Code
03301-3006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755588**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSES, KURT, , ,Mailing Address 1825 CONNECTICUT AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20009-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FHI360Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658314**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1413 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSES, KURT, , ,Mailing Address 1825 CONNECTICUT AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20009-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FHI360Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715384**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSES, KURT, , ,Mailing Address 1825 CONNECTICUT AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20009-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FHI360Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756453**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSES, KURT, , ,Mailing Address 1825 CONNECTICUT AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20009-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FHI360Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782532**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

63.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1414 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSES, KURT, , ,Mailing Address 1825 CONNECTICUT AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20009-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FHI360Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796333**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSES, ROBERT, M, ,

Mailing Address 4725 PALM DR

City
LA CANADA FLTState
CAZip Code
91011-1556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LANTERMAN HISTORICAL MUSEUM FOUNDATIONOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786396**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSES, ROBERT, M, ,

Mailing Address 4725 PALM DR

City
LA CANADA FLTState
CAZip Code
91011-1556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LANTERMAN HISTORICAL MUSEUM FOUNDATIONOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789468**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

76.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1415 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSKIN, JEFFREY, , ,

Mailing Address 565 W END AVE

City
NEW YORKState
NYZip Code
10024-2705FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766982**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSKOWITZ, IVOR, , ,

Mailing Address 27 AXBRIDGE LN

City
DELMARState
NYZip Code
12054-3801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYS UNITED TEACHEROccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724481**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSLEY, JERRY, , ,

Mailing Address 4573 PINE GREEN TRL

City
SARASOTAState
FLZip Code
34241-6235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725169**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1416 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSS, CHARLOTTE, , ,

Mailing Address 134 E 71ST ST

City
NEW YORKState
NYZip Code
10021-5011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687265**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSS, SUSAN, , ,Mailing Address 100 BAY PL
APT 816City
OAKLANDState
CAZip Code
94610-4411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44757788**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSSBERG, WALT, , ,

Mailing Address 10804 DEBORAH DR

City
POTOMACState
MDZip Code
20854-2715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44639251**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1417 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOSSBERG, WALT, , ,

Mailing Address 10804 DEBORAH DR

City
POTOMACState
MDZip Code
20854-2715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44673684**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOSSBERG, WALT, , ,

Mailing Address 10804 DEBORAH DR

City
POTOMACState
MDZip Code
20854-2715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691519**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOSSBERG, WALT, , ,

Mailing Address 10804 DEBORAH DR

City
POTOMACState
MDZip Code
20854-2715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737358**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1418 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUELLER, HILARY, , ,

Mailing Address PO BOX 838

City
WEST HYANNISPORTState
MAZip Code
02672-0838FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TOWN OF BARNSTABLEOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44754274**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUELLER, MELISSA, , ,Mailing Address 101 CONSTITUTION AVE NW
STE 675City
WASHINGTONState
DCZip Code
20001-2176FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAPITOL TAX PARTNERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44760960**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUENCH, EILEEN, , ,

Mailing Address 140 MAPLEWOOD AVE

City
MAPLEWOODState
NJZip Code
07040-1234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ST BARNABASOccupation (for Individual)
PA

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44757044**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1419 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUIRHEAD, ALAN, , ,

Mailing Address 3029 OLD CREEK RD

City
MIDDLETONState
WIZip Code
53562-1856FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741925**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUKA, TOM, , ,

Mailing Address 61 INWOOD PL

City
BUFFALOState
NYZip Code
14209-1022FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762113**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MULLER, LINDA, C., ,

Mailing Address 109 DISHPAN LN

City
STAFFORDState
VAZip Code
22554-5427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAWRENCE MULLEROccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728891**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1420 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MULLER, PATRICIA, JANE, ,

Mailing Address 2407 E LAKE HARTRIDGE DR

City
WINTER HAVENState
FLZip Code
33881-1451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44686674**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUMMAW, LOIS, , ,

Mailing Address 1267 LAKESIDE DR

City
EAST LANSINGState
MIZip Code
48823-2426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44639269**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUMMAW, LOIS, , ,

Mailing Address 1267 LAKESIDE DR

City
EAST LANSINGState
MIZip Code
48823-2426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44738349**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

415.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1421 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNDY, PETER, , ,

Mailing Address 445 HARTNELL PL

City
SACRAMENTOState
CAZip Code
95825-6615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663503

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNDY, PETER, , ,

Mailing Address 445 HARTNELL PL

City
SACRAMENTOState
CAZip Code
95825-6615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715448

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUNDY, PETER, , ,

Mailing Address 445 HARTNELL PL

City
SACRAMENTOState
CAZip Code
95825-6615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

887.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732493

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

581.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1422 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNDY, PETER, , ,

Mailing Address 445 HARTNELL PL

City
SACRAMENTOState
CAZip Code
95825-6615FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

912.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740164

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNOZ, EDITH, , ,

Mailing Address 16 BLACKSTONE CT

City
MERRIMACKState
NHZip Code
03054-3451FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VETERAN HOSPITAL MANCHESTER NHOccupation (for Individual)
NURSING ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681156

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUNROE, ROSEMARY, E., ,

Mailing Address 2302 PRINCE ST

City
DURHAMState
NCZip Code
27707-1431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705090

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1423 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNROE, ROSEMARY, E., ,

Mailing Address 2302 PRINCE ST

City
DURHAMState
NCZip Code
27707-1431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744285**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNROE, ROSEMARY, E., ,

Mailing Address 2302 PRINCE ST

City
DURHAMState
NCZip Code
27707-1431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751245**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUNROE, ROSEMARY, E., ,

Mailing Address 2302 PRINCE ST

City
DURHAMState
NCZip Code
27707-1431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751859**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1424 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUNSON, ALDEN, V., ,

Mailing Address 917 JOHN ST

City
MANHATTAN BEACHState
CAZip Code
90266-5841FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658348

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUNSON, ALDEN, V., ,

Mailing Address 917 JOHN ST

City
MANHATTAN BEACHState
CAZip Code
90266-5841FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44691534

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUNSON, MYRA, , ,

Mailing Address 142 GASTINEAU AVE

City
JUNEAUState
AKZip Code
99801-1334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SONOSKY, CHAMBERS, SACHSE, MILLER & MUOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749188

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1425 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURFRER, KITTY, , ,

Mailing Address PO BOX 58779

City
NASHVILLEState
TNZip Code
37205-8779FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725191**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURFRER, KITTY, , ,

Mailing Address PO BOX 58779

City
NASHVILLEState
TNZip Code
37205-8779FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761908**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURFRER, KITTY, , ,

Mailing Address PO BOX 58779

City
NASHVILLEState
TNZip Code
37205-8779FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764021**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1426 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURNAGHAN, GEORGE, , ,

Mailing Address 34 WACHUSETT DR

City
LEXINGTONState
MAZip Code
02421-6913FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729638**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, KEVIN, , ,

Mailing Address 26 HALLSDALE DR

City
LOUISVILLEState
KYZip Code
40220-3551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MURPHY'S CAMERAOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740723**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURPHY, WILLIAM, , ,Mailing Address 801 BOSTON ST
UNIT 100City
BALTIMOREState
MDZip Code
21230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44643696**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1427 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURPHY, WILLIAM, , ,Mailing Address 801 BOSTON ST
UNIT 100City
BALTIMOREState
MDZip Code
21230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766189

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURRAY, JACK, G., ,

Mailing Address 120 BEE LN

City
MONROEVILLEState
PAZip Code
15146-4918FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KU RESOURCES INCOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715473

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MURRAY, LEIGH, , ,

Mailing Address 15282 FAUBION TRL

City
LEANDERState
TXZip Code
78641-8010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44639290

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1428 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUSICK, WILLIAM, , ,

Mailing Address 1064 GRAYSON RD

City
PLEASANT HILLState
CAZip Code
94523-3119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725209

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUSICK, WILLIAM, , ,

Mailing Address 1064 GRAYSON RD

City
PLEASANT HILLState
CAZip Code
94523-3119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750362

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUSICK, WILLIAM, , ,

Mailing Address 1064 GRAYSON RD

City
PLEASANT HILLState
CAZip Code
94523-3119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767379

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1429 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUTH, ANDREW, S., ,

Mailing Address 691 WORTHINGTON PL

City
ANN ARBORState
MIZip Code
48103-6138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742351

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUTH, CATHERINE, C., ,

Mailing Address 901 TANAGER DR

City
BLUEFIELDState
VAZip Code
24605-2301FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
O.R.COLAN ASSOC.Occupation (for Individual)
REAL ESTATE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738286

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUTZ, LAWRENCE, , ,

Mailing Address 4435 SHADOW HILLS BLVD N

City
SANTA BARBARAState
CAZip Code
93105-9749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639303

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5106.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1430 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUTZ, LAWRENCE, , ,

Mailing Address 4435 SHADOW HILLS BLVD N

City
SANTA BARBARAState
CAZip Code
93105-9749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639304

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MUTZ, LAWRENCE, , ,

Mailing Address 4435 SHADOW HILLS BLVD N

City
SANTA BARBARAState
CAZip Code
93105-9749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639305

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MUTZ, LAWRENCE, , ,

Mailing Address 4435 SHADOW HILLS BLVD N

City
SANTA BARBARAState
CAZip Code
93105-9749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639306

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1431 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MUZILLA, RAYMOND, , ,

Mailing Address 5313 PORTAGE DR

City
VERMILIONState
OHZip Code
44089-1430FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693545**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MYERS, CAROL, , ,

Mailing Address 407 OVERBROOK DR

City
LEXINGTONState
NCZip Code
27292-4832FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751913**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, JAN, , ,

Mailing Address 2 WESTWOOD DR

City
HARRISONState
ARZip Code
72601-4822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785282**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1432 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MYERS, JAN, , ,

Mailing Address 2 WESTWOOD DR

City
HARRISONState
ARZip Code
72601-4822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44786225**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MYERS, STEPHEN, , ,Mailing Address 122 PALMERS HILL RD
UNIT 1230City
STAMFORDState
CTZip Code
06902-2136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44699592**

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MYERS, STEPHEN, , ,Mailing Address 122 PALMERS HILL RD
UNIT 1230City
STAMFORDState
CTZip Code
06902-2136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44770411**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1433 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAGAI, EDWARD, Y., ,Mailing Address 13141 DEL MONTE DR
APT 284GCity
SEAL BEACHState
CAZip Code
90740-4321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665719**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAGAKI, NAOMI, W., ,

Mailing Address 215 N BUCKSKIN WAY

City
ORANGEState
CAZip Code
92869-4403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTH CARE CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761662**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAGLE, DOROTHY, F., ,Mailing Address 2815 BYBERRY RD
APT 107City
HATBOROState
PAZip Code
19040-2828FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760744**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1434 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAGRODSKI, HILARD, , ,

Mailing Address 7417 RIDGELAKE CIR

City
BRADENTONState
FLZip Code
34203-2504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754653**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639325**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648500**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1435 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715527

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739222

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769075

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1436 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785028

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797489

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAGY, GREGORY, , ,

Mailing Address 84 REVERE ST

City
BOSTONState
MAZip Code
02114-4405FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARVARD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797805

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1437 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NAKAHARA, FREDERICK, A, ,Mailing Address **1441 PIIKOI ST**
APT 701City
HONOLULUState
HIZip Code
96822-4088FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

02 / 12 / 2025**Transaction ID : 44691556**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAKAZAKI, ROBIN, , ,Mailing Address **21 BRIDGEPORT**City
MANHATTAN BEACHState
CAZip Code
90266-7226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE INVESTMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44800393**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NANKIN, HOLLIE, , ,Mailing Address **1600 W GREEN TREE RD**
APT 123City
MILWAUKEEState
WIZip Code
53209-2900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

02 / 25 / 2025**Transaction ID : 44756858**

Amount of Each Receipt this Period

15.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**515.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1438 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NASH, CHRIS, , ,

Mailing Address 4208 W PLATT ST

City
TAMPAState
FLZip Code
33609-3837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NOS MAISONOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748688**

Amount of Each Receipt this Period

210.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NASH, DALE, W., ,

Mailing Address 1111 N 49TH ST

City
SEATTLEState
WAZip Code
98103-6630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
REGENCEOccupation (for Individual)
ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768274**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NASH, JENNIFER, , ,

Mailing Address 1205 NW RIDGEWOOD PL

City
CORVALLISState
ORZip Code
97330-3029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JENNIFER I NASH AND NICOLAS ORTIZ PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702627**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1439 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NASH, SUZANNE, , ,

Mailing Address 6417 RUFFIN RD

City
CHEVY CHASEState
MDZip Code
20815-5322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MOMS ORGANIC MARKETOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681456**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NASH, VIRGINIA, , ,

Mailing Address 837 HICKORY DR

City
GENESEOState
ILZip Code
61254-1121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639333**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NASRALLAH, JUNE, , ,

Mailing Address 109 BROOK DR

City
ITHACAState
NYZip Code
14850-1001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CORNELL UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731592**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1440 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATHAN, RAMANI, , ,

Mailing Address 17512 COTTONWOOD

City
IRVINEState
CAZip Code
92612-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796537

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATHANSON, MELANIE, , ,

Mailing Address 3830 26TH ST N

City
ARLINGTONState
VAZip Code
22207-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATHANSON+HAUCKOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44646161

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATHANSON, MELANIE, , ,

Mailing Address 3830 26TH ST N

City
ARLINGTONState
VAZip Code
22207-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATHANSON+HAUCKOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2025

Transaction ID : 44701845

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1441 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATION, JAMES, , ,

Mailing Address 8923 ERIE AVE

City
NORTH BEACHState
MDZip Code
20714-5009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706994**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NAVARRETE, ENRIQUE, , ,

Mailing Address 10404 CIRWOOD DR

City
EL PASOState
TXZip Code
79935-1720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695008**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEAL, JANIE, BRUTON, ,

Mailing Address 9220 HEATHERDALE DR

City
DALLASState
TXZip Code
75243-6332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665936**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1442 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEAL, JANIE, BRUTON, ,

Mailing Address 9220 HEATHERDALE DR

City
DALLASState
TXZip Code
75243-6332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723790**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEAL, PEGGY, , ,

Mailing Address 4726 BECKER VINE

City
SAN ANTONIOState
TXZip Code
78253-5575FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684638**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEARY, JAMES, F., ,

Mailing Address 1750 ARROYO SIERRA AVE

City
SANTA ROSAState
CAZip Code
95405-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE COMPENSATION INSURANCE FUNDOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769175**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1443 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEDELKOFF, GERALDINE, , ,

Mailing Address 2105 GRANDVIEW DR

City
FLOYDS KNOBSState
INZip Code
47119-9743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44654874**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEFF, CASSANDRA, , ,Mailing Address 404 S BLOUNT ST
UNIT 301City
MADISONState
WIZip Code
53703-3577FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673822**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEGIN, JOSHUA, , ,

Mailing Address 3 NEVIUS DR

City
WHITEHOUSE STATIONState
NJZip Code
08889-3916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

254.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733221**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1444 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELLA, JOHN, , ,

Mailing Address 7916 W 79TH ST

City
PLAYA DEL REYState
CAZip Code
90293-7958FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44699634**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSEN, JUDITH, , ,

Mailing Address 10018 WOODSTREAM DR

City
FORT WAYNEState
INZip Code
46804-7008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44705128**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSEN, JUDITH, , ,

Mailing Address 10018 WOODSTREAM DR

City
FORT WAYNEState
INZip Code
46804-7008FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785092**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1445 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, DEAN, , ,

Mailing Address 2520 RESOLUTION DR

City
ANCHORAGEState
AKZip Code
99517-1235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732063

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, DOROTHY, , ,

Mailing Address 2420 QUANTICO CT

City
SAN JOSEState
CAZip Code
95128-3459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705134

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSON, DOROTHY, , ,

Mailing Address 2420 QUANTICO CT

City
SAN JOSEState
CAZip Code
95128-3459FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738173

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1446 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NELSON, KAREN, B, ,

Mailing Address 2417 KEN OAK RD

City
BALTIMOREState
MDZip Code
21209-4309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755758**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NELSON, MELVIN, , ,

Mailing Address 1292 WARWICK RD

City
CAMP HILLState
PAZip Code
17011-6138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639361**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELSON, SARA, , ,

Mailing Address 1121 LAKE AVE

City
GREENWICHState
CTZip Code
06831-2748FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681174**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

537.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1447 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NERENSTONE, PETER, , ,Mailing Address 14039 CASTLE BLVD
APT 103City
SILVER SPRINGState
MDZip Code
20904-4619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FINNEGAN HENDERSONOccupation (for Individual)
OFFICE WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787231

Amount of Each Receipt this Period

90.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEUHAUSER, LINDA, , ,

Mailing Address 20 WATERLINE PL

City
RICHMONDState
CAZip Code
94801-4190FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UC BERKELEYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788547

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEUHAUSER, WALTER, , ,

Mailing Address 5450 LAKE WASHINGTON RD

City
MELBOURNEState
FLZip Code
32934-7813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745565

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1448 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEUJAHR, THOMAS, , ,Mailing Address 10 E DOTY ST
STE 300City
MADISONState
WIZip Code
53703-5120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
URBAN LAND INVESTMENTSOccupation (for Individual)
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663567**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEUJAHR, THOMAS, , ,Mailing Address 10 E DOTY ST
STE 300City
MADISONState
WIZip Code
53703-5120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
URBAN LAND INVESTMENTSOccupation (for Individual)
REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699652**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEUMAN, RUTH, , ,

Mailing Address 1800 VILLAGE CIR

City
LANCASTERState
PAZip Code
17603-2376FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693672**

Amount of Each Receipt this Period

275.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1449 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEUMEISTER, IRENE, R, ,

Mailing Address 450 PARADISE RD

City
SALINASState
CAZip Code
93907-9114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699656**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEUZIL, DONNA, J., ,Mailing Address 3324 PTARMIGAN DR
APT 2CCity
WALNUT CREEKState
CAZip Code
94595-3156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723949**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEVANS, CHARLENE, , ,

Mailing Address 85 GREENTREE RD

City
MORELAND HILLSState
OHZip Code
44022-2422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731544**

Amount of Each Receipt this Period

750.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

855.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1450 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEVERS, CHRISTOPHER, S, ,Mailing Address 2961 INDEX RD
APT 302City
FITCHBURGState
WIZip Code
53713-3217FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAUK COUNTY HUMAN SERVICESOccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759198**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWLAND, CHESTER, A., ,

Mailing Address 3970 COLDWATER DR

City
ROCKLINState
CAZip Code
95765-5622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665421**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEWMAN, KATHY, , ,

Mailing Address 8716 LEONARD DR

City
SILVER SPRINGState
MDZip Code
20910-5006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715631**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1451 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEWMAN, PETE, , ,

Mailing Address 3705 120TH AVE SE

City
BELLEVUEState
WAZip Code
98006-1140FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789559

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEWSOME, SUSAN, , ,

Mailing Address 136 GOLDEN GATE PT
APT 502City
SARASOTAState
FLZip Code
34236-6689FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722334

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NEXON, NORMAN, , ,

Mailing Address 2408 PAYNE ST

City
EVANSTONState
ILZip Code
60201-2513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749821

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1452 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648527

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658448

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673887

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1453 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691621**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715643**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754058**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1454 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768411

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785130

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788252

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1455 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790586

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794558

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798716

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1456 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NGUYEN, PHUONG, , ,

Mailing Address 705 BERKSHIRE PL

City
MILPITASState
CAZip Code
95035-7524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798949**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICELEY, SUSAN, , ,

Mailing Address 179 KENDALL RD

City
WALNUT CREEKState
CAZip Code
94595-1112FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYBASEOccupation (for Individual)
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734678**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICELEY, SUSAN, , ,

Mailing Address 179 KENDALL RD

City
WALNUT CREEKState
CAZip Code
94595-1112FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYBASEOccupation (for Individual)
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784788**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1457 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICELEY, SUSAN, , ,

Mailing Address 179 KENDALL RD

City
WALNUT CREEKState
CAZip Code
94595-1112FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYBASEOccupation (for Individual)
SUPPORT ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790836**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICHOLAS, CHARLES, , ,

Mailing Address 8117 TAMAR DR

City
COLUMBIAState
MDZip Code
21045-2884FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UMBCOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715651**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NICHOLS, TERRY, , ,

Mailing Address PO BOX 62

City
HARRISBURGState
MOZip Code
65256-0062FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724218**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1458 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NICHOLSON, EDWARD, , ,

Mailing Address 7400 MADISON AVE

City
KANSAS CITYState
MOZip Code
64114-1506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763173**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NICKERSON, MARTIN, M., ,

Mailing Address 1810 4TH ST

City
BELLINGHAMState
WAZip Code
98225-7702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685610**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NIEDNER, MALCOLM, , ,

Mailing Address 8013 BRETT PL

City
GREENBELTState
MDZip Code
20770-3001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715674**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1459 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIEDRINGHAUS, ROBERT, R.,

Mailing Address 3200 BUTTERFIELD AVE

City
LA VERNEState
CAZip Code
91750-4037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687318**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEMANN, CHRISTINE, E.,

Mailing Address 8424 MASTERS CT

City
ALEXANDRIAState
VAZip Code
22308-2226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44702162**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NIEWOLS, BARBARA, ,

Mailing Address 6018 DE PALMA ST

City
SOUTH GATEState
CAZip Code
90280-3803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783873**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1460 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIEWOLS, BARBARA, , ,

Mailing Address 6018 DE PALMA ST

City
SOUTH GATEState
CAZip Code
90280-3803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44789560

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIEWOLS, BARBARA, , ,

Mailing Address 6018 DE PALMA ST

City
SOUTH GATEState
CAZip Code
90280-3803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795938

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NIEWOLS, BARBARA, , ,

Mailing Address 6018 DE PALMA ST

City
SOUTH GATEState
CAZip Code
90280-3803FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799904

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1461 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIKLAS, PHYLLIS, RANA, ,

Mailing Address 7450 HAYDEN AVE

City
SEBASTOPOLState
CAZip Code
95472-4363FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760569**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NILSSON, ELIZABETH, , ,

Mailing Address 5 FEDERAL ST

City
BATHState
MEZip Code
04530-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RLS MEDICAL CENTEROccupation (for Individual)
NURSE-MIDWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725257**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NILSSON, ELIZABETH, , ,

Mailing Address 5 FEDERAL ST

City
BATHState
MEZip Code
04530-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RLS MEDICAL CENTEROccupation (for Individual)
NURSE-MIDWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725258**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1035.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1462 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NILSSON, ELIZABETH, , ,

Mailing Address 5 FEDERAL ST

City
BATHState
MEZip Code
04530-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RLS MEDICAL CENTEROccupation (for Individual)
NURSE-MIDWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743476**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NILSSON, ELIZABETH, , ,

Mailing Address 5 FEDERAL ST

City
BATHState
MEZip Code
04530-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RLS MEDICAL CENTEROccupation (for Individual)
NURSE-MIDWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764158**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NILSSON, ELIZABETH, , ,

Mailing Address 5 FEDERAL ST

City
BATHState
MEZip Code
04530-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RLS MEDICAL CENTEROccupation (for Individual)
NURSE-MIDWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791116**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1463 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NISBY, REBECCA, A., ,Mailing Address **9 AVON ST**
APT 4City
WAKEFIELDState
MAZip Code
01880-2371FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
APRN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2025

Transaction ID : 44748865

Amount of Each Receipt this Period

150.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NISIUS, DAVID, , ,Mailing Address **315 STRATFORD RD**City
DES PLAINESState
ILZip Code
60016-2109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VEREX IMAGINGOccupation (for Individual)
ENG MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2025

Transaction ID : 44723731

Amount of Each Receipt this Period

250.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NISSEN, JOANNE, , ,Mailing Address **31651 RIVER RD**City
SOLEDADState
CAZip Code
93960-9692FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		21		2025

Transaction ID : 44748486

Amount of Each Receipt this Period

300.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**700.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1464 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NIVERT, SUSAN, , ,

Mailing Address 342 NW 79TH ST

City
SEATTLEState
WAZip Code
98117-4015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665743**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NIXON, NAN, , ,

Mailing Address 2133 N LAKESHORE DR

City
CHAPEL HILLState
NCZip Code
27514-2026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643738**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NKWOCHA, OGUCHI, H, ,

Mailing Address 1118 WILDCAT CANYON RD

City
PEBBLE BEACHState
CAZip Code
93953-2925FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CSVSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786047**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1465 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NKWOCHA, OGUCHI, H., ,

Mailing Address 1118 WILDCAT CANYON RD

City
PEBBLE BEACHState
CAZip Code
93953-2925FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CSVSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799992

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOAKES, SUSAN, J., ,Mailing Address 436 ASHLAND AVE
APT 4City
SAINT PAULState
MNZip Code
55102-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739258

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOAKES, SUSAN, J., ,Mailing Address 436 ASHLAND AVE
APT 4City
SAINT PAULState
MNZip Code
55102-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741402

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

37.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1466 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOAKES, SUSAN, J., ,Mailing Address 436 ASHLAND AVE
APT 4City
SAINT PAULState
MNZip Code
55102-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742153

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOAKES, SUSAN, J., ,Mailing Address 436 ASHLAND AVE
APT 4City
SAINT PAULState
MNZip Code
55102-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783868

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOAKES, SUSAN, J., ,Mailing Address 436 ASHLAND AVE
APT 4City
SAINT PAULState
MNZip Code
55102-2056FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789657

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

47.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1467 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOBEL, BARRY, J., ,

Mailing Address 622 LOCUST LN

City
OYSTER BAYState
NYZip Code
11771-1101FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655301

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOBLE, GARY, R., ,

Mailing Address 5206 SPRINGHOUSE CIR

City
STONE MOUNTAINState
GAZip Code
30087-6735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHNSON & JOHNSONOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673925

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOBLE, GARY, R., ,

Mailing Address 5206 SPRINGHOUSE CIR

City
STONE MOUNTAINState
GAZip Code
30087-6735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHNSON & JOHNSONOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44679945

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1468 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOBLE, GARY, R, ,

Mailing Address 5206 SPRINGHOUSE CIR

City
STONE MOUNTAINState
GAZip Code
30087-6735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNSON & JOHNSONOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715696**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOBLE, GARY, R, ,

Mailing Address 5206 SPRINGHOUSE CIR

City
STONE MOUNTAINState
GAZip Code
30087-6735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNSON & JOHNSONOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725259**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOBLE, RONALD, , ,

Mailing Address 5504 NORWOOD AVE

City
BALTIMOREState
MDZip Code
21207-6765FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687001**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1469 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOGLE, LOWELL, , ,

Mailing Address 542 GRAND ST

City
REDWOOD CITYState
CAZip Code
94062-2064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673931

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOGLE, LOWELL, , ,

Mailing Address 542 GRAND ST

City
REDWOOD CITYState
CAZip Code
94062-2064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44715700

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOGLE, LOWELL, , ,

Mailing Address 542 GRAND ST

City
REDWOOD CITYState
CAZip Code
94062-2064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

536.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787074

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

336.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1470 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOLAN, LINDA, , ,

Mailing Address 1275 OAK RIDGE DR

City
LA VERNEState
CAZip Code
91750-1524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729701**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOLAN, MARTHA, , ,

Mailing Address 98 COTTONWOOD CANYON RD

City
LA LUZState
NMZip Code
88337-9332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770708**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOLAND, MICHAEL, , ,

Mailing Address 36 TROWBRIDGE ST

City
CAMBRIDGEState
MAZip Code
02138-4109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793676**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1471 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOONE, MICHAEL, , ,

Mailing Address 320 MIDLAND AVE

City
WAYNEState
PAZip Code
19087-4306FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44673941**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORBERG, DEBORAH, A., ,

Mailing Address 651 S 15TH ST

City
SAN JOSEState
CAZip Code
95112-2368FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44795780**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORCIA, ANTHONY, , ,

Mailing Address 690 SALVATIERRA ST

City
STANFORDState
CAZip Code
94305-8538FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANFORD UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782153**

Amount of Each Receipt this Period

43.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

443.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1472 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORDAHL, THOMAS, EDWARD, ,

Mailing Address 3236 CHESAPEAKE AVE

City
DAVISState
CAZip Code
95616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673945

Amount of Each Receipt this Period

33.33

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORDAHL, THOMAS, EDWARD, ,

Mailing Address 3236 CHESAPEAKE AVE

City
DAVISState
CAZip Code
95616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687326

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORDAHL, THOMAS, EDWARD, ,

Mailing Address 3236 CHESAPEAKE AVE

City
DAVISState
CAZip Code
95616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715712

Amount of Each Receipt this Period

33.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

166.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1473 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORDAHL, THOMAS, EDWARD, ,

Mailing Address 3236 CHESAPEAKE AVE

City
DAVISState
CAZip Code
95616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753724

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORDAHL, THOMAS, EDWARD, ,

Mailing Address 3236 CHESAPEAKE AVE

City
DAVISState
CAZip Code
95616FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UC DAVISOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793839

Amount of Each Receipt this Period

16.67

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658486

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.67

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1474 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687328

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699700

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732988

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1475 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750949**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789835**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORMAN, MARSHA, , ,Mailing Address 225 W 35TH ST
STE 802City
NEW YORKState
NYZip Code
10001-1949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUILLIARD SCHOOLOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792294**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1476 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORRELL, CATHERINE, , ,

Mailing Address 8221 WHISTLER RD

City
RICHMONDState
VAZip Code
23227-1526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663596

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORRELL, CATHERINE, , ,

Mailing Address 8221 WHISTLER RD

City
RICHMONDState
VAZip Code
23227-1526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699704

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORRELL, CATHERINE, , ,

Mailing Address 8221 WHISTLER RD

City
RICHMONDState
VAZip Code
23227-1526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

687.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754662

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

687.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1477 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORRIS, DAVID, A., ,

Mailing Address 5480 S HOLLY ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1414FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF COLORADOOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772236

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORRIS, PETER, , ,

Mailing Address 19 BLUEBERRY RIDGE LN

City
CHILMARKState
MAZip Code
02535-2801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TOMOPHASE CORP.Occupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44673959

Amount of Each Receipt this Period

143.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORTON, BRYAN, , ,

Mailing Address 11 GABERONNE CT NE

City
ATLANTAState
GAZip Code
30324-3136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800083

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

393.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1478 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORTON, BRYAN, , ,

Mailing Address 11 GABERONNE CT NE

City
ATLANTAState
GAZip Code
30324-3136FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800256

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORTON, RICHARD, , ,

Mailing Address 11 S485 DOWNERS DR

City
LEMONTState
ILZip Code
60439-9609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

726.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44673967

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORTON, TERESA, , ,

Mailing Address 8515 COSTA VERDE BLVD

City
SAN DIEGOState
CAZip Code
92122-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44679957

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1479 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NORTON, TERESA, , ,

Mailing Address 8515 COSTA VERDE BLVD

City
SAN DIEGOState
CAZip Code
92122-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687331**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NORTON, TERESA, , ,

Mailing Address 8515 COSTA VERDE BLVD

City
SAN DIEGOState
CAZip Code
92122-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44715726**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NORTON, TERESA, , ,

Mailing Address 8515 COSTA VERDE BLVD

City
SAN DIEGOState
CAZip Code
92122-1130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44788118**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1480 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOVAK, GORDON, S., ,

Mailing Address 801 LOMA LINDA DR

City
WEST LAKE HILLSState
TXZip Code
78746-2831FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXAS AT AUSTINOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705184**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOVAK, SARA, , ,

Mailing Address 409 MILL CRK

City
POMPTON PLNSState
NJZip Code
07444-2114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793237**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOVELL, KENNETH, , ,

Mailing Address PO BOX 692

City
DAHLGRENState
VAZip Code
22448-0692FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663603**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1481 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOVELL, KENNETH, , ,

Mailing Address PO BOX 692

City
DAHLGRENState
VAZip Code
22448-0692FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663604

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOVELL, KENNETH, , ,

Mailing Address PO BOX 692

City
DAHLGRENState
VAZip Code
22448-0692FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781736

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOVELL, KENNETH, , ,

Mailing Address PO BOX 692

City
DAHLGRENState
VAZip Code
22448-0692FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801145

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1482 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOWACKI, CHRISTINE, M., ,Mailing Address 400 S NORTHWEST HWY
UNIT 212City
PARK RIDGEState
ILZip Code
60068-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686823**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOWELL, BONNIE, , ,

Mailing Address 3854 W FIR AVE

City
FRESNOState
CAZip Code
93711-0619FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748799**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NOWELS, L, , ,

Mailing Address 26 IRVING ST

City
SOMERVILLEState
MAZip Code
02144-1804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CLASSICAL MUSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743675**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1483 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NUGENT, SUSAN, , ,

Mailing Address 10652 W VASSAR PL

City
DENVERState
COZip Code
80227-2765FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44639443

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NUGENT, SUSAN, , ,

Mailing Address 10652 W VASSAR PL

City
DENVERState
COZip Code
80227-2765FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715741

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NUGENT, SUSAN, , ,

Mailing Address 10652 W VASSAR PL

City
DENVERState
COZip Code
80227-2765FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766987

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1484 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NUGENT, SUSAN, , ,

Mailing Address 10652 W VASSAR PL

City
DENVERState
COZip Code
80227-2765FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769638

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NUNEZ, NANCY, , ,

Mailing Address 98 E PRICE RD

City
BROWNSVILLEState
TXZip Code
78521-3680FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795185

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NUTWELL, ROBERT, , ,

Mailing Address 2224 PATRIOTS COLONY DR

City
WILLIAMSBURGState
VAZip Code
23188-2471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766345

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1485 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'BRIAN, CAROLYN, , ,Mailing Address 885 CROSSWATER PKWY
APT 327City
PONTE VEDRAState
FLZip Code
32081-4432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759323**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'BRIEN, JIM, , ,

Mailing Address PO BOX 478

City
EDENState
UTZip Code
84310-0478FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739322**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'BRIEN, JIM, , ,

Mailing Address PO BOX 478

City
EDENState
UTZip Code
84310-0478FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739869**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1486 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'BRIEN, KATHLEEN, , ,

Mailing Address 14632 N 19TH PL

City
PHOENIXState
AZZip Code
85022-3937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOSBY & COMPANYOccupation (for Individual)
OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44720014

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'BRIEN, KATHLEEN, , ,

Mailing Address 14632 N 19TH PL

City
PHOENIXState
AZZip Code
85022-3937FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOSBY & COMPANYOccupation (for Individual)
OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762030

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'BRIEN, RAYMOND, , ,

Mailing Address 200 JACQUES AVE

City
STATEN ISLANDState
NYZip Code
10306-3030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686867

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1487 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'DONNELL, RYAN, , ,

Mailing Address 1672 TUSTIN AVE

City
COSTA MESAState
CAZip Code
92627-3247FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEWPORT MESA UNIFIED SCHOOL DISTRICTOccupation (for Individual)
CUSTODIAL/MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663625

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'DONNELL, RYAN, , ,

Mailing Address 1672 TUSTIN AVE

City
COSTA MESAState
CAZip Code
92627-3247FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEWPORT MESA UNIFIED SCHOOL DISTRICTOccupation (for Individual)
CUSTODIAL/MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687351

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44633907

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1488 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658542

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658543

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667235

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1489 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674034

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44695399

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699749

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1490 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'HARE, JAN, , ,

Mailing Address 4403 E 111TH TER

City
KANSAS CITYState
MOZip Code
64137-2434FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725287**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'LEARY, STEPHEN, , ,

Mailing Address 317 VILLAGE RUN W

City
ENCINITASState
CAZip Code
92024-3059FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731253**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'LOUGHLIN, LESLIE, , ,

Mailing Address 2705 TECKLA BLVD

City
AMARILLOState
TXZip Code
79106-6048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

466.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639493**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1491 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'LOUGHLIN, LESLIE, , ,

Mailing Address 2705 TECKLA BLVD

City
AMARILLOState
TXZip Code
79106-6048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.67

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687360

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'NEAL, JOHN, , ,Mailing Address 900 FARNAM ST
APT 106City
OMAHAState
NEZip Code
68102-5089FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658572

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'NEAL, JOHN, , ,Mailing Address 900 FARNAM ST
APT 106City
OMAHAState
NEZip Code
68102-5089FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674081

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1492 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'NEAL, JOHN, , ,Mailing Address 900 FARNAM ST
APT 106City
OMAHAState
NEZip Code
68102-5089FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740005**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'NEAL, JOHN, , ,

Mailing Address 145 SHELLEY CIR

City
VENTURAState
CAZip Code
93003-5522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789362**

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'NEILL, CHRISTOPHER, R., ,

Mailing Address 621 WASHINGTON CT

City
GUILDERLANDState
NYZip Code
12084-9541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CAPITAL DISTRICT TRANSPORTATION COMMITOccupation (for Individual)
TRANSPORTATION PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44663650**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1493 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'NEILL, CHRISTOPHER, R., ,

Mailing Address 621 WASHINGTON CT

City
GUILDERLANDState
NYZip Code
12084-9541FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

CAPITAL DISTRICT TRANSPORTATION COMMIT

Occupation (for Individual)

TRANSPORTATION PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715877**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'ROURKE, LOUISE, G., ,

Mailing Address 1163 EAST ST

City
DEDHAMState
MAZip Code
02026-6118FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667236**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. O'ROURKE, TIMOTHY, , ,Mailing Address 7125 HEADLEY ST SE
UNIT 573City
ADAState
MIZip Code
49301-4519FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

CANCER & HEMATOLOGY CENTERS OF WESTERN

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744516**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1494 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. O'TOOLE, TARA, , ,

Mailing Address 626 E BARCELONA RD

City
SANTA FEState
NMZip Code
87505-0323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IN-Q-TELOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762333**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. O'CONNOR, JOHN, M., ,

Mailing Address 106 INWOOD AVE

City
MONTCLAIRState
NJZip Code
07043-2317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725282**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OBRIEN, CAROLYN, V., ,

Mailing Address 109 BERKSHIRE RD

City
RALEIGHState
NCZip Code
27608-1341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771347**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1495 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OBRIGEWITCH, ROSE MARY, , ,

Mailing Address 22808 34TH AVE W

City
BRIERState
WAZip Code
98036-8209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782788**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ODE, JUDITH, , ,

Mailing Address 183 LARCHMONT RD

City
WARWICKState
RIZip Code
02886-6851FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724123**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OEHME, THOMAS, , ,

Mailing Address 618 OWL HILL RD

A

City
LITITZState
PAZip Code
17543-8562FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639476**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1496 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OEHME, THOMAS, , ,

Mailing Address 618 OWL HILL RD
ACity
LITITZState
PAZip Code
17543-8562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674021

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OEHME, THOMAS, , ,

Mailing Address 618 OWL HILL RD
ACity
LITITZState
PAZip Code
17543-8562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699742

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OEHME, THOMAS, , ,

Mailing Address 618 OWL HILL RD
ACity
LITITZState
PAZip Code
17543-8562FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796918

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1497 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OGATA, BRIAN, , ,

Mailing Address PO BOX 144

City
MOUNTAIN VIEWState
CAZip Code
94042-0144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EDUCATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750035**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OGDEN, DOUGLAS, , ,

Mailing Address 12 ESCALON DR

City
MILL VALLEYState
CAZip Code
94941-1340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755814**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OGLE, THOMAS, F., ,

Mailing Address 205 SCOOTER BRIDGE RD

City
BATESBURGState
SCZip Code
29006-8130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748297**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1498 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OKERMAN, GAIL, , ,

Mailing Address 930 MASSACHUSETTS AVE

City
LUNENBURGState
MAZip Code
01462-1343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LUNENBURG PUBLIC SCHOOLOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715820

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OKERMAN, GAIL, , ,

Mailing Address 930 MASSACHUSETTS AVE

City
LUNENBURGState
MAZip Code
01462-1343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LUNENBURG PUBLIC SCHOOLOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761193

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OKERMAN, GAIL, , ,

Mailing Address 930 MASSACHUSETTS AVE

City
LUNENBURGState
MAZip Code
01462-1343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LUNENBURG PUBLIC SCHOOLOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796060

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1499 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OKERMAN, GAIL, , ,

Mailing Address 930 MASSACHUSETTS AVE

City
LUNENBURGState
MAZip Code
01462-1343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LUNENBURG PUBLIC SCHOOLOccupation (for Individual)
COUNSELOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801447**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OKIMOTO, JEANIE, , ,

Mailing Address PO BOX 13305

City
VASHONState
WAZip Code
98013-0305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756656**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLINGER, PAULINE, , ,

Mailing Address 223 E COLE ST

City
DU QUOINState
ILZip Code
62832-2101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759307**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1500 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLSEN, SALLY, , ,

Mailing Address 1750 34TH ST SE

City
CEDAR RAPIDSState
IAZip Code
52403-3710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663641**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSEN, SALLY, , ,

Mailing Address 1750 34TH ST SE

City
CEDAR RAPIDSState
IAZip Code
52403-3710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663642**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLSON, ALLAN, L, ,

Mailing Address PO BOX 808

City
MANZANITAState
ORZip Code
97130-0808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731348**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1501 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLSON, CHEYENNE, , ,

Mailing Address 199 ADAMS ST

City
BEREAState
KYZip Code
40403-1530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699764**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, GRACE, , ,

Mailing Address 18109 226TH AVE NE

City
WOODINVILLEState
WAZip Code
98077-7441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44715852**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLSON, JAMES, D, ,

Mailing Address 610 E 2ND ST

City
MADISONState
INZip Code
47250-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JEFFERSON COUNTYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44633908**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1502 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLSON, JAMES, D, ,

Mailing Address 610 E 2ND ST

City
MADISONState
INZip Code
47250-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JEFFERSON COUNTYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44643783**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, JAMES, D, ,

Mailing Address 610 E 2ND ST

City
MADISONState
INZip Code
47250-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JEFFERSON COUNTYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44715854**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLSON, JAMES, D, ,

Mailing Address 610 E 2ND ST

City
MADISONState
INZip Code
47250-3637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JEFFERSON COUNTYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44705221**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1503 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLSON, LEONE, , ,

Mailing Address 6535 CLOVER PL NE

City
FRIDLEYState
MNZip Code
55432-4514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724362

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, LYNN, , ,

Mailing Address 24 SWIFT RD

City
FRAMINGHAMState
MAZip Code
01702-5750FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUSEKOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781426

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OLSON, MARTHA, , ,

Mailing Address 315 W 99TH ST
APT 5ACity
NEW YORKState
NYZip Code
10025-5429FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BARD COLLEGEOccupation (for Individual)
EDUCATION ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756261

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1504 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OLSON, MARTHA, , ,Mailing Address 315 W 99TH ST
APT 5ACity
NEW YORKState
NYZip Code
10025-5429FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BARD COLLEGEOccupation (for Individual)
EDUCATION ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789604**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, MERIELLE, A., ,

Mailing Address 2906 ELLIS ST

City
BERKELEYState
CAZip Code
94703-2108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MEDICAL CENTER OAKLANDOccupation (for Individual)
NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724479**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OMELIA, DAVID, , ,

Mailing Address 25252 IL HIGHWAY 26

City
OHIOState
ILZip Code
61349-9167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733631**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1505 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OMELIA, DAVID, , ,

Mailing Address 25252 IL HIGHWAY 26

City
OHIOState
ILZip Code
61349-9167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742260**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OMELIA, DAVID, , ,

Mailing Address 25252 IL HIGHWAY 26

City
OHIOState
ILZip Code
61349-9167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799063**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ONDICH, DAVID, , ,

Mailing Address 3137 EMERSON AVE S

City
MINNEAPOLISState
MNZip Code
55408-4604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786906**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1506 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ONDREY GRUBER, WILLIAM, M, ,

Mailing Address 3120 BELVOIR BLVD

City
SHAKER HEIGHTSState
OHZip Code
44122-3826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF SHAKER HEIGHTSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725306**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ONEEL, RONALD, , ,Mailing Address 426 LILLY RD NE
APT 143City
OLYMPIAState
WAZip Code
98506-5145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728595**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ONEILL, BETH, , ,

Mailing Address 23 S SUNSET DR

City
KIRKWOODState
NYZip Code
13795-1412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768587**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1507 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ONEILL, BETH, , ,

Mailing Address 23 S SUNSET DR

City
KIRKWOODState
NYZip Code
13795-1412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769499

Amount of Each Receipt this Period

8.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OUTHOUDT, MICHAEL, , ,

Mailing Address 9901 NE 154TH AVE

City
VANCOUVERState
WAZip Code
98682-2245FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44715884

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OREDUGBA, OLU, , ,

Mailing Address 13155 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648587

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

308.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1508 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OREDUGBA, OLU, , ,

Mailing Address 13155 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663657

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OREDUGBA, OLU, , ,

Mailing Address 13155 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674098

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OREDUGBA, OLU, , ,

Mailing Address 13155 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784493

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

131.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1509 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OREDUGBA, OLU, , ,

Mailing Address 13155 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-6025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793830

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OREILLY, CHARLIE, , ,

Mailing Address 1898 MONET RD

City
NIXAState
MOZip Code
65714-7327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658586

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OREILLY, CHARLIE, , ,

Mailing Address 1898 MONET RD

City
NIXAState
MOZip Code
65714-7327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44715760

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1510 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OREILLY, CHARLIE, , ,

Mailing Address 1898 MONET RD

City
NIXAState
MOZip Code
65714-7327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751597**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSBORNE, JANET, , ,

Mailing Address 5058 WILLIAMSBURG CT

City
ROANOKEState
VAZip Code
24018-4163FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARILLON CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44706580**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSBORNE, RICHARD, , ,

Mailing Address 2025 NOLEN PARK LN

City
CHARLOTTEState
NCZip Code
28209-1566FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DUKE ENERGY CORPOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687385**

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1511 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSBORNE, STEPHANIE, , ,

Mailing Address 195 LOWER BEECH HILL RD

City
CAMPTONState
NHZip Code
03223-4316FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44699793

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSBURN, BENNIE, I., ,

Mailing Address 9861 TRAILHEAD CT

City
WILTONState
CAZip Code
95693-9231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786833

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSBURN, BENNIE, I., ,

Mailing Address 9861 TRAILHEAD CT

City
WILTONState
CAZip Code
95693-9231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

204.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786861

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1512 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSBURN, CHRISTINE, , ,

Mailing Address 2251 STOLP RD

City
CHEWELAHState
WAZip Code
99109-9403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUMANAOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680005

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSBURN, CHRISTINE, , ,

Mailing Address 2251 STOLP RD

City
CHEWELAHState
WAZip Code
99109-9403FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HUMANAOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733148

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSHEA, THOMAS, , ,

Mailing Address 6405 ARBORWOOD DR

City
FLOWERY BRANCHState
GAZip Code
30542-2608FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796358

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1513 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OSTERBERG, ROSE, , ,Mailing Address 44 MARWOOD RD N
APT 1City
PRT WASHINGTNState
NYZip Code
11050-1441FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732222

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OSTRANDER, REED, , ,

Mailing Address 7622 N SHORES DR

City
NAVARREState
FLZip Code
32566-8411FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654776

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OTIS, BRENDA, , ,

Mailing Address 10502 WICKENS RD

City
VIENNAState
VAZip Code
22181-3032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753722

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1514 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OTOOLE, JOSEPH, , ,Mailing Address 6800 S GRANITE AVE
APT 440City
TULSAState
OKZip Code
74136-7045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44715935**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OTT, IRENE, , ,Mailing Address 3200 LAKE JOHANNA BLVD
APT 363CCity
ARDEN HILLSState
MNZip Code
55112-2620FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44765631**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OTTE, MONICA, , ,

Mailing Address 229 MADISON AVE

City
ST MICHAELSState
MDZip Code
21663-2839FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745996**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1515 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. OULLETTE, RODNEY, , ,

Mailing Address PO BOX 609

City
INDEPENDENCEState
ORZip Code
97351-0609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731883

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OWENS, DAVID, K, ,

Mailing Address 307 RITTENHOUSE ST NW

City
WASHINGTONState
DCZip Code
20011-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDISON ELECT INSTITUTEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658620

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OWENS, DAVID, K, ,

Mailing Address 307 RITTENHOUSE ST NW

City
WASHINGTONState
DCZip Code
20011-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EDISON ELECT INSTITUTEOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796204

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1516 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PABICH, RICHARD, , ,

Mailing Address 35 WINTER ISLAND RD

City
SALEMState
MAZip Code
01970-5766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE SALEM INNOccupation (for Individual)
INNKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44674152**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PACHECO, DEBBY, , ,

Mailing Address 356 AUWINALA RD

City
KAILUAState
HIZip Code
96734-3433FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724159**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PACKARD, JULIE, , ,

Mailing Address 6551 GLEN HAVEN RD

City
SOQUELState
CAZip Code
95073-9779FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTEREY BAY AQUARIUMOccupation (for Individual)
AQUARIUM DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44753761**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1517 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PADGET, RON, , ,

Mailing Address 7101 BEAVER TRL

City
APEXState
NCZip Code
27502-9549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699824**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PADGET, RON, , ,

Mailing Address 7101 BEAVER TRL

City
APEXState
NCZip Code
27502-9549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725334**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PADGET, RON, , ,

Mailing Address 7101 BEAVER TRL

City
APEXState
NCZip Code
27502-9549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741690**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1518 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658636**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658637**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658638**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1519 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658639

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674171

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674172

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1520 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674173

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699835

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699836

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1521 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44699837**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44725338**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44732698**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1522 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734170

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734697

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736338

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1523 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44738540**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741809**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44763349**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1524 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44763484

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767219

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768629

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1525 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAGLEN, PATRICK, , ,

Mailing Address 8480 PETALUMA HILL RD

City
PENNGROVEState
CAZip Code
94951-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785656

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAINTER, LAVONNE, , ,

Mailing Address 2927 WESTBURY DR

City
DECATURState
GAZip Code
30033-6009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754808

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAINTER, LAVONNE, , ,

Mailing Address 2927 WESTBURY DR

City
DECATURState
GAZip Code
30033-6009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756714

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional).....▶

30.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1526 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAINTER, LAVONNE, , ,

Mailing Address 2927 WESTBURY DR

City
DECATURState
GAZip Code
30033-6009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790691

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAINTER, LAVONNE, , ,

Mailing Address 2927 WESTBURY DR

City
DECATURState
GAZip Code
30033-6009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796737

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALKA, JOHN, , ,

Mailing Address PO BOX 135

City
LANGLEYState
WAZip Code
98260-0135FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699842

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1527 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, BARBARA, , ,

Mailing Address 1078 COUNTY ROAD 129

City
GLENWOOD SPGSState
COZip Code
81601-8725FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743789**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, CARL, , ,

Mailing Address 1665 GLENSIDE DR

City
ROCKINGHAMState
VAZip Code
22801-2392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658652**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALMER, CARL, , ,

Mailing Address 1665 GLENSIDE DR

City
ROCKINGHAMState
VAZip Code
22801-2392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687410**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1528 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, CARL, , ,

Mailing Address 1665 GLENSIDE DR

City
ROCKINGHAMState
VAZip Code
22801-2392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44705267**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, CARL, , ,

Mailing Address 1665 GLENSIDE DR

City
ROCKINGHAMState
VAZip Code
22801-2392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789366**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALMER, CARL, , ,

Mailing Address 1665 GLENSIDE DR

City
ROCKINGHAMState
VAZip Code
22801-2392FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

406.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44797188**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1529 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, CAROLE, , ,

Mailing Address 6 RIVERHILL AVE

City
PENACOOKState
NHZip Code
03303-1500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUFTS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768082

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, CAROLE, , ,

Mailing Address 6 RIVERHILL AVE

City
PENACOOKState
NHZip Code
03303-1500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUFTS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768516

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALMER, CAROLE, , ,

Mailing Address 6 RIVERHILL AVE

City
PENACOOKState
NHZip Code
03303-1500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUFTS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800128

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1530 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, HAZEL, , ,

Mailing Address 391 BRADLEY FOSTER DR

City
HUNTINGTONState
WVZip Code
25701-9451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658656**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, HAZEL, , ,

Mailing Address 391 BRADLEY FOSTER DR

City
HUNTINGTONState
WVZip Code
25701-9451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663688**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALMER, MARGARET, , ,

Mailing Address 1501 MORELAND AVE

City
DURHAMState
NCZip Code
27707-1541FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SONG OF SIXPENCE LLCOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648627**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1531 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALMER, RAYMOND, , ,

Mailing Address 1512 WINDING WAYE LN

City
WHEATONState
MDZip Code
20902-1454FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

FEDERAL ENERGY REGULATORY COMMISSION

Occupation (for Individual)

ENERGY PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762784**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALMER, SAM, J., ,

Mailing Address 1225 BERRY ST

City
QUINCYState
FLZip Code
32351-4601FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731779**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

721.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643810**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1532 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658661

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658662

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

847.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658663

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1533 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674192**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44699854**

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

927.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729780**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1534 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

977.48

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762587**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALOKANGAS, JENNY, , ,Mailing Address 3990 CITRON CT
GA30093City
NORCROSSState
GAZip Code
30093-3218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.48

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791392**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAMBOUKES, BARBARA, , ,

Mailing Address 91 CUTTS ST

City
PORTSMOUTHState
NHZip Code
03801-3523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44699856**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1535 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAMBOUKES, BARBARA, , ,

Mailing Address 91 CUTTS ST

City
PORTSMOUTHState
NHZip Code
03801-3523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733237

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAMBOUKES, BARBARA, , ,

Mailing Address 91 CUTTS ST

City
PORTSMOUTHState
NHZip Code
03801-3523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752720

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAPPAS, JANET, L., ,

Mailing Address 98 -1287 AKAACA ST

City
AIEAState
HIZip Code
96701-3044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NOAA FISHERIESOccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724745

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1536 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAPPAS, PETER, , ,

Mailing Address 23 KNOWLTON RD

City
COLUMBIAState
NJZip Code
07832-2208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44702699

Amount of Each Receipt this Period

105.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAPPAS, PETER, , ,

Mailing Address 23 KNOWLTON RD

City
COLUMBIAState
NJZip Code
07832-2208FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705274

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAPUGA, SUSAN, , ,

Mailing Address 555 UNIVERSITY AVE

City
HONOLULUState
HIZip Code
96826-5051FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COAST GUARDOccupation (for Individual)
PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797004

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

405.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1537 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARANICAS, CHRIS, P, ,

Mailing Address 4806 EDGEFIELD RD

City
BETHESDAState
MDZip Code
20814-4018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNS HOPKINS UNIVERSITYOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44694450**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARDUE, ROBERT, , ,

Mailing Address 1674 BROOKVIEW DR

City
DANDRIDGEState
TNZip Code
37725-6332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725351**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAREDES, ALFREDO, , ,

Mailing Address 121 SHU SWAMP RD

City
LOCUST VALLEYState
NYZip Code
11560-2332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639610**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1538 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAREDES, ALFREDO, , ,

Mailing Address 121 SHU SWAMP RD

City
LOCUST VALLEYState
NYZip Code
11560-2332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663697

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAREDES, ALFREDO, , ,

Mailing Address 121 SHU SWAMP RD

City
LOCUST VALLEYState
NYZip Code
11560-2332FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44691764

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARFREY, SUSAN, , ,

Mailing Address 17103 BAGLEY AVE

City
FLUSHINGState
NYZip Code
11358-3823FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761547

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1539 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARIS, PHILIP, , ,Mailing Address 510 W 46TH ST
APT 406City
NEW YORKState
NYZip Code
10036-2291FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732030**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARISON, KIM, L, ,

Mailing Address PO BOX 18

City
SELMAState
ORZip Code
97538-0018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737426**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARKER, DEBORAH, , ,

Mailing Address 111 NOEL WAY

City
VERONAState
WIZip Code
53593-1233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747460**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1540 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARKER, MARY ANNE, , ,Mailing Address 820 34TH AVE E
APT 1City
ALEXANDRIAState
MNZip Code
56308-2914FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716036**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARKER, MARY ANNE, , ,Mailing Address 820 34TH AVE E
APT 1City
ALEXANDRIAState
MNZip Code
56308-2914FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784877**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARKER, PATRICIA, C., ,

Mailing Address 146 S COLLEGE ROW

City
BREVARDState
NCZip Code
28712-4666FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730993**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1541 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARKER, REGINA, S., ,

Mailing Address 104 ROSEBUD LN

City
STAUNTONState
VAZip Code
24401-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725356

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARKER, REGINA, S., ,

Mailing Address 104 ROSEBUD LN

City
STAUNTONState
VAZip Code
24401-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725357

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARKER, REGINA, S., ,

Mailing Address 104 ROSEBUD LN

City
STAUNTONState
VAZip Code
24401-5602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725359

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1542 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARMELEE-NOFFSINGER, CAROLINE, STANTON, ,

Mailing Address 13673 PETUNIA LN

City
CEDAR SPRINGSState
MIZip Code
49319-8226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.24

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735511

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARMELEE-NOFFSINGER, CAROLINE, STANTON, ,

Mailing Address 13673 PETUNIA LN

City
CEDAR SPRINGSState
MIZip Code
49319-8226FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.24

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781559

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARMENTIER, KATHRYN, , ,

Mailing Address 465 PIN OAK DR

City
SUNNYVALEState
CAZip Code
94086-6765FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44639636

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1543 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARMENTIER, KATHRYN, , ,

Mailing Address 465 PIN OAK DR

City
SUNNYVALEState
CAZip Code
94086-6765FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791247**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARMET, DEBRA, , ,

Mailing Address 1020 W 66TH ST

City
KANSAS CITYState
MOZip Code
64113-1816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729221**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARRA, GLORIA, , ,

Mailing Address 1232 MCKINLEY AVE

City
SAN ANTONIOState
TXZip Code
78210-4235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801491**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1544 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARROW, KATHLEEN, , ,

Mailing Address 822 PINEDALE DR

City
SPEARFISHState
SDZip Code
57783-1623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658686**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PARROW, KATHLEEN, , ,

Mailing Address 822 PINEDALE DR

City
SPEARFISHState
SDZip Code
57783-1623FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751391**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PARSON, FRANCES, , ,

Mailing Address 6551 NE WINDERMERE RD

City
SEATTLEState
WAZip Code
98105-2057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44674257**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1545 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PARVEN, SCOTT, , ,

Mailing Address 412 N GARFIELD ST

City
ARLINGTONState
VAZip Code
22201-1610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKINOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44735574**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PASARELL, STANLEY, , ,

Mailing Address 55 SPRING LN

City
TIBURONState
CAZip Code
94920-1516FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44688478**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PASLIN, JANET, L., ,

Mailing Address 1684 LEXINGTON AVE

City
SAN MATEOState
CAZip Code
94402-3836FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731219**

Amount of Each Receipt this Period

375.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1546 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATON, AUDREY, , ,Mailing Address 1000 W WASHINGTON BLVD
UNIT 414City
CHICAGOState
ILZip Code
60607-2154FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685760**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PATRIACCA, NANCY, , ,

Mailing Address 110 NEVADA ST

City
NEWTONState
MAZip Code
02460-1148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674274**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PATRIACCA, NANCY, , ,

Mailing Address 110 NEVADA ST

City
NEWTONState
MAZip Code
02460-1148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674275**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1547 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATRICK, MICHAEL, , ,

Mailing Address 2227 ORANGE AVE

City
SIGNAL HILLState
CAZip Code
90755-3529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754399**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PATTEN, PHIL, , ,

Mailing Address 261 LA CUESTA DR

City
PORTOLA VALLYState
CAZip Code
94028-7532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INITIAL THERAPUTICSOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666305**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PATTISON, KATHERINE, , ,Mailing Address 1880 JACKSON ST
APT 401City
SAN FRANCISCOState
CAZip Code
94109-2826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729809**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1548 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATTISON, MARK, , ,

Mailing Address 3 SYCAMORE PL

City
TROYState
NYZip Code
12180-4826FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORK STATEOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790762**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City

MERION STATION

State

PA

Zip Code

19066-1523

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648652**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City

MERION STATION

State

PA

Zip Code

19066-1523

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

637.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658705**

Amount of Each Receipt this Period

56.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

231.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1549 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City
MERION STATIONState
PAZip Code
19066-1523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680075

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City
MERION STATIONState
PAZip Code
19066-1523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699896

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City
MERION STATIONState
PAZip Code
19066-1523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729810

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1550 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City
MERION STATIONState
PAZip Code
19066-1523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796003**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAUL, ROBERT, , ,

Mailing Address 345 N BOWMAN AVE

City
MERION STATIONState
PAZip Code
19066-1523FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAUL REICH AND MYERSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798423**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAUL, SUNIL, , ,

Mailing Address 1506 WILLARD ST

City
SAN FRANCISCOState
CAZip Code
94117-3709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719995**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1551 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAULSEN, DAN, , ,

Mailing Address 20310 93RD AVENUE CT E

City
GRAHAMState
WAZip Code
98338-8545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705298

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAULSEN, DAN, , ,

Mailing Address 20310 93RD AVENUE CT E

City
GRAHAMState
WAZip Code
98338-8545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780304

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAULSEN, DAN, , ,

Mailing Address 20310 93RD AVENUE CT E

City
GRAHAMState
WAZip Code
98338-8545FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798895

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1552 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699899

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716100

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716101

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1553 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750626

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768141

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAULSON, DALE, , ,

Mailing Address 559 N REGATTA DR

City
VALLEJOState
CAZip Code
94591-7707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NORTHBAY HEALTHCAREOccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783497

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1554 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAVLOCK, BRIAN, R., ,

Mailing Address 5650 GOODRICH RD

City
CLARENCE CENTERState
NYZip Code
14032-9799FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYSOccupation (for Individual)
APPRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44771832**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PAWSON, RONALD, L., ,

Mailing Address 500 MENDON RD

City
CUMBERLANDState
RIZip Code
02864-6219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44658711**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAYNE, BJORN, , ,

Mailing Address 3807 140TH AVE NE

City
BELLEVUEState
WAZip Code
98005-1473FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHLIGHT MOOD AND ANXIETY CENTEROccupation (for Individual)
PSYCHIATRIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44716116**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1555 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEARLMAN, NATHAN, , ,

Mailing Address 28112 PARKSIDE DR

City
POUGHKEEPSIEState
NYZip Code
12603-2075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674299

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEARLMAN, NATHAN, , ,

Mailing Address 28112 PARKSIDE DR

City
POUGHKEEPSIEState
NYZip Code
12603-2075FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725392

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEARSALL, MARGARET, , ,

Mailing Address 4804 TARPON LN

City
ALEXANDRIAState
VAZip Code
22309-3145FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729200

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

438.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1556 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEASE, LINDA, , ,

Mailing Address 217 ELMWOOD ST

City
HUNTSVILLEState
TXZip Code
77320-3407FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643855

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PEDONE, CAROLYN, A., ,

Mailing Address 1386 S WASATCH DR

City
SALT LAKE CITYState
UTZip Code
84108-2468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686182

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PEDONE, CAROLYN, A., ,

Mailing Address 1386 S WASATCH DR

City
SALT LAKE CITYState
UTZip Code
84108-2468FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724162

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1557 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PEKICH, STEVE, , ,

Mailing Address 3 GREGORY PKWY

City
SYRACUSEState
NYZip Code
13214-1603FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724722**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PELL, ANTHONY, , ,Mailing Address 120 FULTON ST
STE 3City
BOSTONState
MAZip Code
02109-1456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643858**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PELL, ANTHONY, , ,Mailing Address 120 FULTON ST
STE 3City
BOSTONState
MAZip Code
02109-1456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716161**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1558 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PENA, ROBERTO, , ,

Mailing Address 6937 FAWN RIDGE DR

City
CORPUS CHRISTIState
TXZip Code
78413-4687FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728496**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PENNINGTON, ANITA, , ,

Mailing Address 9709 WESTHILL CT SW

City
OLYMPIAState
WAZip Code
98512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BNCC INC.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44706991**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PENNINGTON, ANITA, , ,

Mailing Address 9709 WESTHILL CT SW

City
OLYMPIAState
WAZip Code
98512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BNCC INC.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759286**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1559 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PENZELL, BEVERLY, , ,Mailing Address 3024 NE QUAYSIDE LN
SIDE LANRCity
MIAMIState
FLZip Code
33138-2258FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639685**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PERETZ, ANNE, , ,

Mailing Address 39 FAYERWEATHER ST

City

CAMBRIDGE

State

MA

Zip Code

02138-3329

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691816**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERIN, HELEN, , ,

Mailing Address 475 S CORONA ST

City

DENVER

State

CO

Zip Code

80209-2413

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781704**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1560 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERKINS, DAVID, , ,

Mailing Address 1664 BUTTERCUP RD

City
ENCINITASState
CAZip Code
92024-2451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691823**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PERKINS, MARA, B., ,

Mailing Address 27570 MOONCREST DR

City
CARMELState
CAZip Code
93923-8535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TOMATA ENERGYOccupation (for Individual)
SECRETARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757443**

Amount of Each Receipt this Period

750.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERKINS, PHILIP, , ,

Mailing Address 311 BROXTON RD

City
BALTIMOREState
MDZip Code
21212-3532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AGM FINANCIAL SERVICESOccupation (for Individual)
MORTGAGE BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725406**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1561 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERKINS, SANDRA, , ,

Mailing Address 13226 42ND AVE NE

City
SEATTLEState
WAZip Code
98125-4627FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792929**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PERLIS, DAVID, , ,Mailing Address 150 BROADWAY ST
APT 609City
NEW ORLEANSState
LAZip Code
70118-7602FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686892**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERLIS, DAVID, , ,Mailing Address 150 BROADWAY ST
APT 609City
NEW ORLEANSState
LAZip Code
70118-7602FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747785**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1562 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERNA, VINCENT, , ,

Mailing Address 725 VIRGINIA AVE

City
HAMMONTONState
NJZip Code
08037-1840FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NJEAOccupation (for Individual)
UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799570

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PERRET, CHARLOTTE, , ,

Mailing Address 707 S GULFSTREAM AVE

City
SARASOTAState
FLZip Code
34236-7710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737692

Amount of Each Receipt this Period

120.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PERRET, CHARLOTTE, , ,

Mailing Address 707 S GULFSTREAM AVE

City
SARASOTAState
FLZip Code
34236-7710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

420.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767198

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1563 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERRY, KATE, , ,

Mailing Address 318 STATE ST

City
BROOKLYNState
NYZip Code
11201-5821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44699947

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PERRY, PATRICK, , ,

Mailing Address 1085 SANTA PAULA AVE

City
LOS OSOSState
CAZip Code
93402-1320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAW OFFICES OF PATRICK PERRYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716214

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERING, DAVID, H., ,

Mailing Address 7229 N SANTA MONICA BLVD

City
MILWAUKEEState
WIZip Code
53217-3506FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WISCONSINOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674365

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1564 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERING, LOUISE, , ,

Mailing Address 7229 N SANTA MONICA BLVD

City
MILWAUKEEState
WIZip Code
53217-3506FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742458**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERSEN, DONNA, LOUISE, ,

Mailing Address 3230 BRAUER RD

City
GEORGETOWNState
CAZip Code
95634-9713FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793255**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETERSON, ROBERT, , ,

Mailing Address 21 CROPEY RD

City
PETERSBURGState
NYZip Code
12138-5600FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738537**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1565 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETERSON, SUSAN, , ,

Mailing Address 1166 BUENA VISTA ST

City
VENTURAState
CAZip Code
93001-2117FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RENSIN INC.Occupation (for Individual)
FILM DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733643**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETERSON, SUSAN, , ,

Mailing Address 1166 BUENA VISTA ST

City
VENTURAState
CAZip Code
93001-2117FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RENSIN INC.Occupation (for Individual)
FILM DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740808**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETRICK, ED, , ,

Mailing Address 700 LINDEN AVE

City
OAK PARKState
ILZip Code
60302-1560FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686665**

Amount of Each Receipt this Period

4000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1566 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETTIBONE, CRAIG, B., ,

Mailing Address 507 MIDDLETON CT

City
SAINT LOUISState
MOZip Code
63122-1554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648696

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETTIBONE, CRAIG, B., ,

Mailing Address 507 MIDDLETON CT

City
SAINT LOUISState
MOZip Code
63122-1554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680124

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PETTIBONE, CRAIG, B., ,

Mailing Address 507 MIDDLETON CT

City
SAINT LOUISState
MOZip Code
63122-1554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716258

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

277.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1567 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETTIBONE, CRAIG, B., ,

Mailing Address 507 MIDDLETON CT

City
SAINT LOUISState
MOZip Code
63122-1554FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741563**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PFIESTER, EDW., ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639740**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PFIESTER, EDW., ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639741**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

207.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1568 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PFIESTER, EDW, , ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.11

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663769**

Amount of Each Receipt this Period

9.11

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PFIESTER, EDW, , ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738808**

Amount of Each Receipt this Period

9.11

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PFIESTER, EDW, , ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741899**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1569 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PFIESTER, EDW, , ,

Mailing Address 2000 RIVERSIDE DR

City
LOS ANGELESState
CAZip Code
90039-3707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795926

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PFISTER, ZACHARY, , ,

Mailing Address 4202 GREENWAY

City
BALTIMOREState
MDZip Code
21218-1134FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECKOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44677690

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHAM, NGUYEN, , ,

Mailing Address 9002 CLIFFORD AVE

City
CHEVY CHASEState
MDZip Code
20815-5648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663772

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2202.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1570 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHAM, NGUYEN, , ,

Mailing Address 9002 CLIFFORD AVE

City
CHEVY CHASEState
MDZip Code
20815-5648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725426

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHAM, NGUYEN, , ,

Mailing Address 9002 CLIFFORD AVE

City
CHEVY CHASEState
MDZip Code
20815-5648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749811

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHAM, NGUYEN, , ,

Mailing Address 9002 CLIFFORD AVE

City
CHEVY CHASEState
MDZip Code
20815-5648FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752071

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

409.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1571 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, CAROL, , ,

Mailing Address 620 FRANCES ST

City
KEY WESTState
FLZip Code
33040-7181FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705344**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, CAROL, , ,

Mailing Address 620 FRANCES ST

City
KEY WESTState
FLZip Code
33040-7181FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794250**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, HELEN, , ,Mailing Address 10101 GOVERNOR WARFIELD PKWY
UNIT 319City
COLUMBIAState
MDZip Code
21044-3324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771648**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1572 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639753**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658808**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658813**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

140.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1573 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658814**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691870**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, JOELLEN, , ,

Mailing Address 745 BARBARA ST

City
PALM HARBORState
FLZip Code
34684-4605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788456**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1574 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PICARD, DON, , ,

Mailing Address 3707 RAYMOND ST

City
CHEVY CHASEState
MDZip Code
20815-4149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PICARD KENTZ & ROWEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44658816

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PICARD, DON, , ,

Mailing Address 3707 RAYMOND ST

City
CHEVY CHASEState
MDZip Code
20815-4149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PICARD KENTZ & ROWEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680137

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PICARD, DON, , ,

Mailing Address 3707 RAYMOND ST

City
CHEVY CHASEState
MDZip Code
20815-4149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PICARD KENTZ & ROWEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

349.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716309

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

196.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1575 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PICARD, DON, , ,

Mailing Address 3707 RAYMOND ST

City
CHEVY CHASEState
MDZip Code
20815-4149FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PICARD KENTZ & ROWEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764288**

Amount of Each Receipt this Period

93.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PIECHOCKI, CAROL, , ,

Mailing Address 3505 BRENTHILL DR

City
GRAND BLANCState
MIZip Code
48439-7977FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765186**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIERCE, JAMES, ANN, ,

Mailing Address 15611 TIPTON RD

City
SMITHVILLEState
MOZip Code
64089-8871FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754701**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

443.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1576 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PIKE, GAIL, , ,

Mailing Address 3717 COWGILL AVE

City
BELLINGHAMState
WAZip Code
98229-3232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44716331

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PILMANIS, JORDANA, M., ,

Mailing Address 271 REAGAN DR

City
LOVELANDState
COZip Code
80538-2778FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADVANCED SYSTEMS GROUPOccupation (for Individual)
TECHNICAL WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674441

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PILMANIS, JORDANA, M., ,

Mailing Address 271 REAGAN DR

City
LOVELANDState
COZip Code
80538-2778FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADVANCED SYSTEMS GROUPOccupation (for Individual)
TECHNICAL WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44691878

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1577 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PILMANIS, JORDANA, M., ,

Mailing Address 271 REAGAN DR

City
LOVELANDState
COZip Code
80538-2778FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADVANCED SYSTEMS GROUPOccupation (for Individual)
TECHNICAL WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705357**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PILMANIS, JORDANA, M., ,

Mailing Address 271 REAGAN DR

City
LOVELANDState
COZip Code
80538-2778FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADVANCED SYSTEMS GROUPOccupation (for Individual)
TECHNICAL WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761215**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINDER, JOSEPH, , ,

Mailing Address 2824 PATTERSON AVE

City
KEY WESTState
FLZip Code
33040-4048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44746723**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1578 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PINDER, JOSEPH, , ,

Mailing Address 2824 PATTERSON AVE

City
KEY WESTState
FLZip Code
33040-4048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748024**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PINDER, JOSEPH, , ,

Mailing Address 2824 PATTERSON AVE

City
KEY WESTState
FLZip Code
33040-4048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748025**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PINKEL, DANIEL, , ,Mailing Address 370 RIVERSIDE DR
APT 12BCity
NEW YORKState
NYZip Code
10025-2109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
EDUCATOR EMERITUS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762680**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1579 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PINKERTON, NANCY, A., ,

Mailing Address 45 N PLEASANT HILL BLVD

City
PLEASANT HILLState
IAZip Code
50327-7135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF IOWAOccupation (for Individual)
COMPUTER ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748119**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PIPAL, PHILIP, G., ,

Mailing Address 9 WHISTLER CT

City
IRVINEState
CAZip Code
92617-4069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARRIER JOHNSONOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700008**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIPAL, PHILIP, G., ,

Mailing Address 9 WHISTLER CT

City
IRVINEState
CAZip Code
92617-4069FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARRIER JOHNSONOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716344**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1580 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PIPE, THERESE, M., ,Mailing Address 1409 OXFORD ST
APT 5City
BERKELEYState
CAZip Code
94709-1457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730826**

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PIRILLO, CAROLYN, L., ,

Mailing Address 7208 RIO TAMEGA DR

City
ELK GROVEState
CAZip Code
95757-5916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716347**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PITTELMAN, CAROLE, , ,

Mailing Address 1200 UNION TPKE

City
NEW HYDE PARKState
NYZip Code
11040-1708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GLENWOOD MANAGEMENTOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730823**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1581 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PITTMAN, GERALD, , ,

Mailing Address 17802 NE 26TH AVE

City
RIDGEFIELDState
WAZip Code
98642-7984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691895**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PITTMAN, GERALD, , ,

Mailing Address 17802 NE 26TH AVE

City
RIDGEFIELDState
WAZip Code
98642-7984FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801595**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PIVONKA, ALBERT, , ,

Mailing Address 4523 OLA BEACH DR

City
MOUNT DORAState
FLZip Code
32757-7145FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654832**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1582 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PIZER, MARILYN, , ,

Mailing Address 115 STATESIDE DR

City
CHAPEL HILLState
NCZip Code
27514-6631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BINKLEY PRESCHOOLOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44658845**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PIZER, MARILYN, , ,

Mailing Address 115 STATESIDE DR

City
CHAPEL HILLState
NCZip Code
27514-6631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BINKLEY PRESCHOOLOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798759**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PLAIN, JAMES, , ,

Mailing Address 601 MARYLHURST ST

City
BAKERSFIELDState
CAZip Code
93314-3842FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797790**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1583 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PLASSMANN, CHARLES, , ,Mailing Address 12245 SAM FURR RD
APT 363City
HUNTERSVILLEState
NCZip Code
28078-9460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44639787

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLASSMANN, CHARLES, , ,Mailing Address 12245 SAM FURR RD
APT 363City
HUNTERSVILLEState
NCZip Code
28078-9460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740391

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PLASSMANN, CHARLES, , ,Mailing Address 12245 SAM FURR RD
APT 363City
HUNTERSVILLEState
NCZip Code
28078-9460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781495

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1584 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PLETTA, JOHN, D., ,

Mailing Address 1278 DELROSE DR

City
SPRINGFIELDState
ORZip Code
97477-1594FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44643913**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLETTA, JOHN, D., ,

Mailing Address 1278 DELROSE DR

City
SPRINGFIELDState
ORZip Code
97477-1594FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716364**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PLETTA, JOHN, D., ,

Mailing Address 1278 DELROSE DR

City
SPRINGFIELDState
ORZip Code
97477-1594FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787200**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1585 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PLIHCIK, TOM, , ,

Mailing Address 2901 STREGIS RD

City
GREENSBOROState
NCZip Code
27408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725446

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLIHCIK, TOM, , ,

Mailing Address 2901 STREGIS RD

City
GREENSBOROState
NCZip Code
27408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736620

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PLOEN, MICHAEL, W, ,

Mailing Address 100 COMMERCE LN

City
BETHESDAState
MDZip Code
20814-6260FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US DEPARTMENT OF VETERANS' AFFAIRSOccupation (for Individual)
SENIOR POLICY ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44695402

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1586 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POARCH BAND OF CREEK INDIANS

Mailing Address 5811 JACK SPRINGS RD

City
ATMOREState
ALZip Code
36502-5025FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

41300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44726475**

Amount of Each Receipt this Period

41300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PODESTA, HEATHER, , ,

Mailing Address 2107 WYOMING AVE NW

City
WASHINGTONState
DCZip Code
20008-3905FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INVARIANTOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730748**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POEY-LOOSER, HEIDI, , ,Mailing Address 5855 CHESHIRE PKWY
UNIT 1409City
MINNEAPOLISState
MNZip Code
55446-4019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693958**

Amount of Each Receipt this Period

170.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

85770.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1587 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POHORELSKY, VIKTOR, V, ,

Mailing Address 318 A 4TH ST

City
BROOKLYNState
NYZip Code
11215-2805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44641809**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POISNER, SHARON, , ,

Mailing Address 12204 OUTLOOK ST

City
LEAWOODState
KSZip Code
66209-3184FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760121**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POLLOCK, JONATHAN, , ,

Mailing Address 717 BEALL AVE

City
ROCKVILLEState
MDZip Code
20850-2108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE NATIONAL INSTITUTES OF HEALTHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44706588**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1410.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1588 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POLLOCK, JONATHAN, , ,

Mailing Address 717 BEALL AVE

City
ROCKVILLEState
MDZip Code
20850-2108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE NATIONAL INSTITUTES OF HEALTHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794367

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POLSKY, KAREN, , ,Mailing Address 330 E KILBOURN AVE
STE 1085City
MILWAUKEEState
WIZip Code
53202-3146FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733359

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44663824

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1589 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687515**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44691912**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44716401**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1590 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737462

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739281

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POMEROY, DIANE, M., ,

Mailing Address 700 ASH CT

City
LEBANONState
PAZip Code
17042-8720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790893

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1591 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POMPER, BRIAN, , ,

Mailing Address 729 LAWTON ST

City
MCLEANState
VAZip Code
22101-1511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKIN GUMP STRAUSS HAUER & FELD LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44748998**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POOLE, PAM, , ,

Mailing Address 5022 DARLING ST

City
HOUSTONState
TXZip Code
77007-1304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782144**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POOLE, PAM, , ,

Mailing Address 5022 DARLING ST

City
HOUSTONState
TXZip Code
77007-1304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785456**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1592 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POOLE, PAM, , ,

Mailing Address 5022 DARLING ST

City
HOUSTONState
TXZip Code
77007-1304FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791395

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POOLE, RICHARD, A, ,

Mailing Address 1955 PRESTWICK LN

City
WILMINGTONState
NCZip Code
28405-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44643922

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POOLE, RICHARD, A, ,

Mailing Address 1955 PRESTWICK LN

City
WILMINGTONState
NCZip Code
28405-4129FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725451

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1593 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POPPER, DOUGLAS, , ,

Mailing Address 52 WESCOTT ST

City
FALMOUTHState
MEZip Code
04105-1625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724473**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PORTEN, RONALD, E., ,Mailing Address 7406 SPRING VILLAGE DR
APT 506City
SPRINGFIELDState
VAZip Code
22150-4482FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701960**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PORTER, DAVID, , ,

Mailing Address 1000 BAYLESS AVE

City
SAINT PAULState
MNZip Code
55114-1138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BENFIELD INC.Occupation (for Individual)
REINSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725458**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1594 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PORTER, JIM, , ,

Mailing Address 9809 BODE CT

City
SAN ANTONIOState
TXZip Code
78266-2567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733904**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PORTER, JIM, , ,

Mailing Address 9809 BODE CT

City
SAN ANTONIOState
TXZip Code
78266-2567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785779**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POSNER, MICHAEL, , ,

Mailing Address 2473 COLUMBIA ST

City
EUGENEState
ORZip Code
97403-1777FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716433**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1595 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44643932

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44663836

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

286.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674534

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1596 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674535

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680173

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680174

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1597 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705389

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POSS, ELLEN, M., ,

Mailing Address 450 WARREN ST

City
BROOKLINEState
MAZip Code
02445-5907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737324

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTER, CECIL, MOSES, ,

Mailing Address 625 W POTTER RD

City
CALERAState
OKZip Code
74730FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693621

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

438.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1598 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POTTER, EARL, , ,

Mailing Address PO BOX 1902

City
SANTA FEState
NMZip Code
87504-1902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FIVE & DIME GENERAL STORESOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44754311**

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POTTS, TERESA, , ,

Mailing Address 31433 E LAKE MORTON DR SE

City
KENTState
WAZip Code
98042-9743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743758**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POTTS, TERESA, , ,

Mailing Address 31433 E LAKE MORTON DR SE

City
KENTState
WAZip Code
98042-9743FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44767751**

Amount of Each Receipt this Period

8.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2523.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1599 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POUPONNEAU, HONORINE, , ,

Mailing Address 1614 E 91ST PL

City
CHICAGOState
ILZip Code
60617-3501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748570**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. POWELL, ERNEST, R, ,

Mailing Address 4111 BALCONES WOODS DR

City
AUSTINState
TXZip Code
78759-5009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747487**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. POWELL, MARIE, , ,

Mailing Address 6425 WILLIAMS RD

City
CHARLOTTEState
NCZip Code
28215-3651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DASSAULT SYSTEMES AMERICA'S CORP.Occupation (for Individual)
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741046**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1600 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POWELL, NANCY, W., ,Mailing Address 100 SPRING HARBOR DR
APT 444City
COLUMBUSState
GAZip Code
31904-4632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44807485**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRATTO, MARLENE, , ,

Mailing Address 105 RIDGEWAY DR

City

GREENSBORO

State

NC

Zip Code

27403-1525

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760424**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESS, MICHAEL, , ,

Mailing Address 2118 MARSHALLFIELD LN

City

REDONDO BEACH

State

CA

Zip Code

90278-4906

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF SOUTHERN CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44691938**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

345.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1601 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESS, MICHAEL, , ,

Mailing Address 2118 MARSHALLFIELD LN

City
REDONDO BEACHState
CAZip Code
90278-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF SOUTHERN CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705406**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESS, MICHAEL, , ,

Mailing Address 2118 MARSHALLFIELD LN

City
REDONDO BEACHState
CAZip Code
90278-4906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF SOUTHERN CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797419**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESTEGARD, ELBERTA, L., ,

Mailing Address 1071 SCOTLAND BEND CT

City
WATKINSVILLEState
GAZip Code
30677-2148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750874**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1602 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTEGARD, ELBERTA, L., ,

Mailing Address 1071 SCOTLAND BEND CT

City
WATKINSVILLEState
GAZip Code
30677-2148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44750995

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTEGARD, ELBERTA, L., ,

Mailing Address 1071 SCOTLAND BEND CT

City
WATKINSVILLEState
GAZip Code
30677-2148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766456

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRESTEGARD, ELBERTA, L., ,

Mailing Address 1071 SCOTLAND BEND CT

City
WATKINSVILLEState
GAZip Code
30677-2148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768343

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1603 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRESTONE, MATTHEW, J., ,

Mailing Address 10019 SPRING LAKE TER

City
FAIRFAXState
VAZip Code
22030-2057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792620**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRICE, GLEN, , ,

Mailing Address 407 SYCAMORE GLN

City
PASADENAState
CAZip Code
91105-1354FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680189**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRICE, GLEN, , ,

Mailing Address 407 SYCAMORE GLN

City
PASADENAState
CAZip Code
91105-1354FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716491**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1604 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRICE, LEE, N., ,

Mailing Address 1445 BRYANT ST

City
PALO ALTOState
CAZip Code
94301-3510FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRICE PERFORMANCE MEASUREMENTOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748397**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRICE, LINDA, N., ,

Mailing Address 1567 SILVER TRL

City
NAPAState
CAZip Code
94558-1416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759193**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRIEST, ROBERT, , ,

Mailing Address 328 FULLER RD

City
ALBANYState
NYZip Code
12203-3642FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF NEW YORK INSURANCE DEPARTMENTOccupation (for Individual)
ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759677**

Amount of Each Receipt this Period

375.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1605 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRIMUS, LISA, S., ,Mailing Address 272 W 86TH ST
APT PHCity
NEW YORKState
NYZip Code
10024-3132FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASPIRE HEALTHCAREOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2025**Transaction ID : 44667132**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRIMUTH, RICHARD, , ,

Mailing Address 18679 HEATHCOTE DR

City
WAYZATAState
MNZip Code
55391-3630FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LINDQUIST & VENNUM PLLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737611**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRIOR, EDWIN, , ,Mailing Address 3800 TREYBURN DR
APT B121City
WILLIAMSBURGState
VAZip Code
23185-6410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724203**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1606 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRISCO, JOHN, F, ,Mailing Address 420 OVINGTON AVE
APT 4GCity
BROOKLYNState
NYZip Code
11209-1511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44635741**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRITZKER, LISA, , ,

Mailing Address 2503 CLAY ST

City
SAN FRANCISCOState
CAZip Code
94115-1810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701851**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRITZKER, ROSEMARY, , ,

Mailing Address 147 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-3811FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LIFE COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639863**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1607 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRITZKER, ROSEMARY, , ,

Mailing Address 147 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-3811FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LIFE COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736615**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRITZKER, ROSEMARY, , ,

Mailing Address 147 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-3811FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LIFE COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745962**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRITZKER, ROSEMARY, , ,

Mailing Address 147 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-3811FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
LIFE COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785269**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1608 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PROCHASKA, FRANK, , ,Mailing Address 11312 US 15 501 N
STE PM 107City
CHAPEL HILLState
NCZip Code
27517-6377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44716516**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PROCTOR, ROBERT, , ,Mailing Address 119 FIDELITY ST
APT C1City
CARRBOROState
NCZip Code
27510-2068FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNC CHAPEL HILLOccupation (for Individual)
COLLEGE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794780**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PROFFITT, MARION, , ,

Mailing Address 395 BELLE MONTI AVE

City
APTOSState
CAZip Code
95003-5203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SJK PRIME, INC./BAILEY PROPERTIESOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44807057**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1609 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PRUSKY, MYRA, , ,Mailing Address 50 BELMONT AVE
APT 811City
BALA CYNWYDState
PAZip Code
19004-2431FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERIOR DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681112

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRUZAN, HERBERT, , ,

Mailing Address PO BOX 9386

City
SEATTLEState
WAZip Code
98109-0386FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772207

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PRYOR, MARK, , ,

Mailing Address 7300 PINNACLE VALLEY RD

City
LITTLE ROCKState
ARZip Code
72223-5257FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECK LLPOccupation (for Individual)
ATTORNEY/GOVERNMENT RELATIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44677660

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1610 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PUTNAM, KATHLYN, , ,

Mailing Address 5883 PINECROFT DR

City
WEST BLOOMFIELDState
MIZip Code
48322-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ADMIN FOR HIRE, LLCOccupation (for Individual)
VIRTUAL ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639881**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PUYALLUP TRIBE OF INDIANS

Mailing Address 3009 E PORTLAND AVE

City
TACOMAState
WAZip Code
98404-4926FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818085**

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUADRI, ARSHAD, , ,

Mailing Address 110 HIGH RIDGE RD

City
WEST HARTFORDState
CTZip Code
06117-1813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705425**

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44738.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1611 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. QUADRI, ARSHAD, , ,

Mailing Address 110 HIGH RIDGE RD

City
WEST HARTFORDState
CTZip Code
06117-1813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738816**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. QUADRI, ARSHAD, , ,

Mailing Address 110 HIGH RIDGE RD

City
WEST HARTFORDState
CTZip Code
06117-1813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786408**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUARVE, ROBERT, , ,

Mailing Address 1401 S LARKSPUR TRL

City
SIOUX FALLSState
SDZip Code
57106-3337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723516**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1612 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. QUEEN, JOE SAM, , ,

Mailing Address 209 HILLVIEW CIR

City
WAYNESVILLEState
NCZip Code
28786-6710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655130**

Amount of Each Receipt this Period

240.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. QUINN, PHYLLIS, , ,Mailing Address 2792 DONNELLY DR
APT 111City
LANTANAState
FLZip Code
33462-6432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759209**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUITT, CINDY, , ,

Mailing Address 10190 FIRE SKYE AVE

City
LAS VEGASState
NVZip Code
89166-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CCSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701819**

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1613 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. QUITT, CINDY, , ,

Mailing Address 10190 FIRE SKYE AVE

City
LAS VEGASState
NVZip Code
89166-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CCSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701820**

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. QUITT, CINDY, , ,

Mailing Address 10190 FIRE SKYE AVE

City
LAS VEGASState
NVZip Code
89166-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CCSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701821**

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. QUITT, CINDY, , ,

Mailing Address 10190 FIRE SKYE AVE

City
LAS VEGASState
NVZip Code
89166-6595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CCSDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44760940**

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1614 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAATZ, CAROLYN, P, ,

Mailing Address 2429 SAVANNA PL

City
SIDNEYState
OHZip Code
45365-1873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700142

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RABINE, JOEL, , ,

Mailing Address 5 CLAVERTON CT

City
MELVILLEState
NYZip Code
11747-3413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44658982

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RABINE, JOEL, , ,

Mailing Address 5 CLAVERTON CT

City
MELVILLEState
NYZip Code
11747-3413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

590.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44716575

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1615 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RACIMORA, RICHARD, , ,

Mailing Address 9747 BABBITT AVE

City
NORTHRIDGEState
CAZip Code
91325-1923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
STONE QUALITY TOOLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746337

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RACIMORA, RICHARD, , ,

Mailing Address 9747 BABBITT AVE

City
NORTHRIDGEState
CAZip Code
91325-1923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
STONE QUALITY TOOLS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782608

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RADFORD, JANET, , ,

Mailing Address PO BOX 182

City
GLIDEState
ORZip Code
97443-0182FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781787

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1616 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAFFERTY, PIERCE, , ,

Mailing Address PO BOX 25

City
FISHERS ISLANDState
NYZip Code
06390-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FOSSIL PHOTOS NYC INC.Occupation (for Individual)
COOWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705434

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAFFIN, STEVEN, , ,

Mailing Address 7960 SHELBORNE DR

City
GRANITE BAYState
CAZip Code
95746-8625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680217

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAFFIN, STEVEN, , ,

Mailing Address 7960 SHELBORNE DR

City
GRANITE BAYState
CAZip Code
95746-8625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700152

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1617 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAFFIN, STEVEN, , ,

Mailing Address 7960 SHELBORNE DR

City
GRANITE BAYState
CAZip Code
95746-8625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745577**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAFTER, ROSALIE, , ,

Mailing Address 141 TULLAMORE RD

City
GARDEN CITYState
NYZip Code
11530-1138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748170**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAGHAVAN, NIRUPAMA, , ,Mailing Address 12500 PARK POTOMAC AVE
UNIT 905NCity
POTOMACState
MDZip Code
20854-6939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBMOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786498**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1618 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAGOSTA, JOHN, , ,

Mailing Address 2200 OWENSVILLE RD

City
CHARLOTTESVILLEState
VAZip Code
22901-8102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THOMAS JEFFERSON FOUNDATIONOccupation (for Individual)
HISTORIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743024**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAINEY, MARY, , ,

Mailing Address 221 OVERLOOK RD

City
STAUNTONState
VAZip Code
24401-2800FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655365**

Amount of Each Receipt this Period

375.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RALSTON, EDWARD, J., ,

Mailing Address 52 CHAUCER DR

City
PLEASANT HILLState
CAZip Code
94523-4106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674677**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1619 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RALSTON, JUDITH, , ,

Mailing Address 6360 NE 159TH ST

City
KENMOREState
WAZip Code
98028-4349FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747828**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMAGE, KERRY, , ,Mailing Address 6022 FARCENDA PL
STE 101City
MELBOURNEState
FLZip Code
32940-7332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
REMAX ELITEOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807061**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAMAN, STEVEN, S, ,

Mailing Address 1153 BERKELEY ST

City
SANTA MONICAState
CAZip Code
90403-2311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687564**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1620 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAMAN, STEVEN, S, ,

Mailing Address 1153 BERKELEY ST

City
SANTA MONICAState
CAZip Code
90403-2311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744457**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMAN, STEVEN, S, ,

Mailing Address 1153 BERKELEY ST

City
SANTA MONICAState
CAZip Code
90403-2311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790554**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAMSAY, KEITH, , ,Mailing Address 1301 SPEER BLVD
APT 209City
DENVERState
COZip Code
80204-2556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MAPTEK/KRJAOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44795045**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1621 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44643989

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659024

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

299.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659025

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1622 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659026

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659027

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

308.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700168

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1623 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700170**

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAMSEY, JOHN, , ,

Mailing Address 3517 SE 5TH ST

City
RENTONState
WAZip Code
98058-2818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725513**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RANDOLPH-BACK, KAY, ELIZABETH, ,

Mailing Address 6215 N PARKER AVE

City
INDIANAPOLISState
INZip Code
46220-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685561**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

419.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1624 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RANDOLPH-BACK, KAY, ELIZABETH, ,

Mailing Address 6215 N PARKER AVE

City
INDIANAPOLISState
INZip Code
46220-2207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748494**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RANKINS, ALFRED, , ,

Mailing Address 4332 KISSENA BLVD

City
FLUSHINGState
NYZip Code
11355-2934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793310**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RANSOM, DAVID, , ,

Mailing Address 1908 RESTON METRO PLZ

City
RESTONState
VAZip Code
20190-5237FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BHFSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44667137**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1625 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAO, AJIT, , ,Mailing Address 1118 OPAL ST
UNIT 204City
BROOMFIELDState
COZip Code
80020-7044FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700182**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAO, DINKAR, , ,

Mailing Address 960 ANDREWS LN

City
GATES MILLSState
OHZip Code
44040-9665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783214**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAO, DINKAR, , ,

Mailing Address 960 ANDREWS LN

City
GATES MILLSState
OHZip Code
44040-9665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788256**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1626 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAO, DINKAR, , ,

Mailing Address 960 ANDREWS LN

City
GATES MILLSState
OHZip Code
44040-9665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797246

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAPOZA, BOB, , ,Mailing Address 1155 15TH ST NW
STE 400City
WASHINGTONState
DCZip Code
20005-2730FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RAPOZA ASSOCIATESOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44701854

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAPTIS, SANDRA, , ,

Mailing Address 16605 FOREST LAKE DR

City
NORTHVILLEState
MIZip Code
48168-3471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680232

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1020.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1627 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAPTIS, SANDRA, , ,

Mailing Address 16605 FOREST LAKE DR

City
NORTHVILLEState
MIZip Code
48168-3471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44716634**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAPTIS, SANDRA, , ,

Mailing Address 16605 FOREST LAKE DR

City
NORTHVILLEState
MIZip Code
48168-3471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025**Transaction ID : 44705451**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RASHID, YUSEF, , ,

Mailing Address 7196 LA JOLLA SCENIC DR S

City
LA JOLLAState
CAZip Code
92037-4033FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44695191**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1628 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RASHTI, ROBERT, , ,Mailing Address 7600 LANDMARK WAY
UNIT 1102City
GREENWOOD VILLAGEState
COZip Code
80111-1967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728876**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RASMUSSEN, SAMUEL, , ,

Mailing Address 18 AUTUMN LN

City
NEW CANAANState
CTZip Code
06840-6346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746402**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RATCLIFFE, JEAN, , ,Mailing Address 300 6TH AVE
APT 305City
EAST GREENWICHState
RIZip Code
02818-3100FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RHODE ISLAND SCHOOL OF DESIGNOccupation (for Individual)
IT SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44639938**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1629 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RATHBONE, MONIKA, L, ,

Mailing Address 11557 NELLINGS PL

City
WOODBIDGEState
VAZip Code
22192-7431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716639**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RATTNER, JUSTIN, , ,

Mailing Address 23388 SW STAFFORD HILL DR

City
WEST LINNState
ORZip Code
97068-9616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTELOccupation (for Individual)
CORPORATE FELLOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789721**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RAY, JAMES, , ,

Mailing Address 12611 IVYSTONE LN

City
LAURELState
MDZip Code
20708-2406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SSAIOccupation (for Individual)
PROGRAMMER/ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702302**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1630 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAY, WILLIAM, R, ,

Mailing Address 927 OLIVE RD

City
KNOXVILLEState
TNZip Code
37934-4926FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748106**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAYOR, LINDA, , ,

Mailing Address 5939 STILWELL RD

City
TRUMANSBURGState
NYZip Code
14886-9410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CORNELL UNIVERSITYOccupation (for Individual)
FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716655**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REA, EMILY, , ,

Mailing Address 35 LINDEN PARK DR

City
CLIFTON PARKState
NYZip Code
12065-6361FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701990**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1631 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REAM, HAROLD, , ,Mailing Address 123 CANAL ST W
APT 1City
NAVARREState
OHZip Code
44662-1155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659053

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REAM, HAROLD, , ,Mailing Address 123 CANAL ST W
APT 1City
NAVARREState
OHZip Code
44662-1155FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794894

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REASONER, HARRY, M., ,

Mailing Address 1604 KIRBY DR

City
HOUSTONState
TXZip Code
77019-3316FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VINSON & ELKINS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674727

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1632 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REASONER, HARRY, M., ,

Mailing Address 1604 KIRBY DR

City
HOUSTONState
TXZip Code
77019-3316FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VINSON & ELKINS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751665

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REBER, JUDITH, , ,

Mailing Address 6827 CARRIE PINE LN

City
TOLEDOState
OHZip Code
43617-1289FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44722885

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RECHLER, JUDITH, , ,

Mailing Address 570 CHICKEN VALLEY RD

City
LOCUST VALLEYState
NYZip Code
11560-2606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659057

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1633 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RECHLER, JUDITH, , ,

Mailing Address 570 CHICKEN VALLEY RD

City
LOCUST VALLEYState
NYZip Code
11560-2606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659058

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RECHLER, JUDITH, , ,

Mailing Address 570 CHICKEN VALLEY RD

City
LOCUST VALLEYState
NYZip Code
11560-2606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659059

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RECHLER, JUDITH, , ,

Mailing Address 570 CHICKEN VALLEY RD

City
LOCUST VALLEYState
NYZip Code
11560-2606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659060

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1634 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700206

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700207

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716669

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1635 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705462

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725529

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725530

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1636 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725531

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RECHT, MICHAEL, , ,

Mailing Address 5531 ROCKVIEW DR

City
TORRANCEState
CAZip Code
90505-3259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEST LOS ANGELES COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752910

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REDDING, JEANNETTE, E., ,

Mailing Address 1577 GRAHAM ST

City
SIMI VALLEYState
CAZip Code
93065-2050FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VENTURA COUNTY COMM COLLEGE DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723986

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1637 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REDDING, JUDITH, M., ,Mailing Address 3781 GRANADA DR
UNIT 38City
PALISADEState
COZip Code
81526-8640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44684639

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REDDY, WILLIAM, L., ,

Mailing Address 37 STRAITS RD

City
CHESTERState
CTZip Code
06412-1331FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44674740

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REED, RACHEL, M., ,

Mailing Address 110 ELMWOOD RD

City
NEEDHAMState
MAZip Code
02492-4536FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WELCHSOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734747

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1638 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REEDS, KAREN, M., ,

Mailing Address 19 WOODLAND DR

City
PRINCETONState
NJZip Code
08540-1313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705466

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REEDS, KAREN, M., ,

Mailing Address 19 WOODLAND DR

City
PRINCETONState
NJZip Code
08540-1313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780962

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REEDS, KAREN, M., ,

Mailing Address 19 WOODLAND DR

City
PRINCETONState
NJZip Code
08540-1313FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788391

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1639 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REGELMANN, MARILYN, , ,

Mailing Address 37 BOWER PL

City
DANVILLEState
CAZip Code
94526-4805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705472**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REHBERG, PAT, , ,

Mailing Address 545 MONTANA AVE

City
MISSOULAState
MTZip Code
59802-5528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759569**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648817**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1640 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687590

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705474

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729978

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1641 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769762**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REIBEN, PATRICIA, , ,Mailing Address 301 E 22ND ST
APT 7MCity
NEW YORKState
NYZip Code
10010-4820FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE COLLEGE BOARDOccupation (for Individual)
CLINICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801218**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REICH, ELIZABETH, , ,

Mailing Address 3890 OUTLOOK CT

City
JUPITERState
FLZip Code
33477-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUPITER MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655302**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

510.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1642 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REICH, ELIZABETH, , ,

Mailing Address 3890 OUTLOOK CT

City
JUPITERState
FLZip Code
33477-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUPITER MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687591**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REICH, ELIZABETH, , ,

Mailing Address 3890 OUTLOOK CT

City
JUPITERState
FLZip Code
33477-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUPITER MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687592**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REICH, ELIZABETH, , ,

Mailing Address 3890 OUTLOOK CT

City
JUPITERState
FLZip Code
33477-1309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JUPITER MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3960.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760732**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

710.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1643 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REICHEL, JODY, , ,

Mailing Address 4237 MENTONE AVE

City
CULVER CITYState
CAZip Code
90232-3442FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JODY REICHELOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740372**

Amount of Each Receipt this Period

180.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REICHEL, JODY, , ,

Mailing Address 4237 MENTONE AVE

City
CULVER CITYState
CAZip Code
90232-3442FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JODY REICHELOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740684**

Amount of Each Receipt this Period

54.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REID, DAVID, , ,

Mailing Address 3729 9TH ST NW

City
WASHINGTONState
DCZip Code
20010-1501FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECKOccupation (for Individual)
POLICY DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44701847**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1234.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1644 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REID, JAMES, , ,

Mailing Address 61 MOUNTAIN MEADOW CIR

City
WEAVERVILLEState
NCZip Code
28787-9378FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PREFERRED PROPERTIES OF ASHEVILLEOccupation (for Individual)
REAL ESTATE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747149**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REIER, DAVID, , ,

Mailing Address 7 WHEELER RD

City
LEXINGTONState
MAZip Code
02420-2710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
POSTERNAK BLANKSTEIN & LUND LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716713**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REIFF, LINDA, M., ,Mailing Address 3210 N LEISURE WORLD BLVD
APT 601City
SILVER SPRINGState
MDZip Code
20906-7602FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759318**

Amount of Each Receipt this Period

275.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1645 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REINHARDT, WILLIAM, , ,Mailing Address 920 I ST NW
APT 710City
WASHINGTONState
DCZip Code
20001-4967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN PHYSICAL SOCIETYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44674798**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REINHARDT, WILLIAM, , ,Mailing Address 920 I ST NW
APT 710City
WASHINGTONState
DCZip Code
20001-4967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN PHYSICAL SOCIETYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44700245**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REINHARDT, WILLIAM, , ,Mailing Address 920 I ST NW
APT 710City
WASHINGTONState
DCZip Code
20001-4967FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN PHYSICAL SOCIETYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44757010**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1646 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REINHOLD, TIMOTHY, , ,

Mailing Address 2802 CORRIE WAY

City
TAMPAState
FLZip Code
33618-1126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBHSOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680259

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REINSTEIN, PAUL, , ,

Mailing Address 5505 BURNSIDE DR

City
ROCKVILLEState
MDZip Code
20853-2458FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTGOMERY COLLEGEOccupation (for Individual)
TUTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705482

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REISFIELD, DALE, , ,Mailing Address 900 N STANFORD ST
1217City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44735397

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1647 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REISFIELD, DALE, , ,Mailing Address 900 N STANFORD ST
1217City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784613

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REISS, JEANNE, , ,

Mailing Address 4930 PENNSYLVANIA AVE

City
KANSAS CITYState
MOZip Code
64112-2345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771918

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REISTER, JOHN, , ,

Mailing Address 2935 ALEXIS DR

City
PALO ALTOState
CAZip Code
94304-1302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VASONAOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732777

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1648 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REMUS, SANDRA, , ,

Mailing Address 6710 PARK CREST CT

City
LINCOLNState
NEZip Code
68506-2864FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FISERVOccupation (for Individual)
MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44716728

Amount of Each Receipt this Period

700.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RENWICK, BRUCE, A., ,

Mailing Address 1508 W ACRES RD

City
JOLIETState
ILZip Code
60435-5848FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44648834

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RENWICK, BRUCE, A., ,

Mailing Address 1508 W ACRES RD

City
JOLIETState
ILZip Code
60435-5848FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44716739

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1649 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RENWICK, BRUCE, A., ,

Mailing Address 1508 W ACRES RD

City
JOLIETState
ILZip Code
60435-5848FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44725548

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REPASS, MICHAEL, , ,

Mailing Address 2018 TAYLOR AVE N

City
SEATTLEState
WAZip Code
98109-2646FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44729990

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REPORTER, ROSHAN, , ,

Mailing Address 2510 KENILWORTH AVE

City
LOS ANGELESState
CAZip Code
90039-2638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ANGELES COUNTYOccupation (for Individual)
EPIDEMIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680268

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1065.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1650 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REPORTER, ROSHAN, , ,

Mailing Address 2510 KENILWORTH AVE

City
LOS ANGELESState
CAZip Code
90039-2638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ANGELES COUNTYOccupation (for Individual)
EPIDEMIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44780925**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REPORTER, ROSHAN, , ,

Mailing Address 2510 KENILWORTH AVE

City
LOS ANGELESState
CAZip Code
90039-2638FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ANGELES COUNTYOccupation (for Individual)
EPIDEMIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797860**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RESNICK, IRA, M., ,

Mailing Address 111 W 67TH ST

City
NEW YORKState
NYZip Code
10023-5956FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692055**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1651 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RETHAGE, RUSSELL, , ,

Mailing Address 1430 MELLON ST

City
PITTSBURGHState
PAZip Code
15206-1114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759314**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REY, LOUISA, , ,Mailing Address 186 JERRY BROWNE RD
UNIT 6103City
MYSTICState
CTZip Code
06355-4025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723948**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REYES, RAFAEL, , ,

Mailing Address 2831 OLIVARES LN

City
SAN MATEOState
CAZip Code
94403-3438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEWLETT PACKARDOccupation (for Individual)
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44746179**

Amount of Each Receipt this Period

2500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1652 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REYNOLDD, ALICE, , ,

Mailing Address 17615 43RD AVE N

City
PLYMOUTHState
MNZip Code
55446-1345FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PHOENIXOccupation (for Individual)
CONSULTANT, INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722413**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REYNOLDS, JOHN, , ,Mailing Address 1661 CRESCENT PL NW
APT 405City
WASHINGTONState
DCZip Code
20009-4077FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NONPROFIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754077**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REYNOLDS, MICHAEL, , ,

Mailing Address 27 ROSS TER

City
KENTFIELDState
CAZip Code
94904-1474FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705496**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1653 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REYNOLDS, MICHAEL, , ,

Mailing Address 27 ROSS TER

City
KENTFIELDState
CAZip Code
94904-1474FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792119

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REYNOLDS, MICHAEL, , ,

Mailing Address 27 ROSS TER

City
KENTFIELDState
CAZip Code
94904-1474FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797083

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REZANKA, THOMAS, , ,

Mailing Address 2672 W LAKE RD

City
PALM HARBORState
FLZip Code
34684-3120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794798

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1654 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RHEA, CRAIG, , ,Mailing Address 809 W RIORDAN RD
STE PM 100City
FLAGSTAFFState
AZZip Code
86001-0810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747732**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RHODES, ANTWANN, , ,

Mailing Address 125 SUMMIT PASS

City
WAYNESVILLEState
MOZip Code
65583-2443FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EAGLE REALTY GROUP & ASSOC.Occupation (for Individual)
REAL ESTATE PROFESSIONAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44807060**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDS, BURTON, , ,

Mailing Address 58 SUNDOWN PKWY

City
AUSTINState
TXZip Code
78746-5258FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44663983**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1655 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICHARDS, EDWARD, , ,

Mailing Address 4394 MEADOW LN

City
ALLENTOWNState
PAZip Code
18104-1920FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44692078**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICHARDS, LARRY, , ,

Mailing Address 1621 TRAILRIDGE RD

City
CHARLOTTESVILLEState
VAZip Code
22903-4024FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UVAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44766509**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHARDS, LEOLA, P., ,

Mailing Address 7011 RADWAY CT

City
FAYETTEVILLEState
NCZip Code
28306-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44723779**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1656 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICHARDSON, JOYCE, , ,

Mailing Address 3951 RED RD

City
NASHVILLEState
NCZip Code
27856-8447FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

JOYLAND PRESCHOOL AND CHILD CARE INC

Occupation (for Individual)

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790304

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICHASON, BENJAMIN, , ,

Mailing Address 1209 11TH AVE SE

City
SAINT CLOUDState
MNZip Code
56304-1711FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739270

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RICHTER, DAVID, B, ,

Mailing Address 2571 NW ALPINE CREST WAY

City
ISSAQUAHState
WAZip Code
98027-5490FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

RICHTER INTERNATIONAL CONSULTING LLC

Occupation (for Individual)

INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44701936

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1657 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RICHTER, DAVID, B, ,

Mailing Address 2571 NW ALPINE CREST WAY

City
ISSAQUAHState
WAZip Code
98027-5490FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RICHTER INTERNATIONAL CONSULTING LLCOccupation (for Individual)
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

581.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738773

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RICKETTS, KENT, , ,

Mailing Address 208 MESA VERDE DR

City
CEDAR CREEKState
TXZip Code
78612-3460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARTLEY-WOHLLEBEROccupation (for Individual)
SALES REP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716812

Amount of Each Receipt this Period

92.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIDDLE, ERNEST, BELT, ,

Mailing Address 11270 SUFFOLK DR

City
SOUTHGATEState
MIZip Code
48195-2816FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674878

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

473.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1658 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIDDLE, ERNEST, BELT, ,

Mailing Address 11270 SUFFOLK DR

City
SOUTHGATEState
MIZip Code
48195-2816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692095

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIDDLE, ERNEST, BELT, ,

Mailing Address 11270 SUFFOLK DR

City
SOUTHGATEState
MIZip Code
48195-2816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730010

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIGGS, ARTHUR, , ,

Mailing Address 4852 SAINT ANDRES AVE

City
LA VERNEState
CAZip Code
91750-1939FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CITY OF HOPE MEDICALOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648857

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1659 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIJSSENBECK, MICHAEL, , ,

Mailing Address 420 BLACK ROCK TPKE

City
REDDINGState
CTZip Code
06896-1604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY STONY BROOKOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754450

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RIJSSENBECK, MICHAEL, , ,

Mailing Address 420 BLACK ROCK TPKE

City
REDDINGState
CTZip Code
06896-1604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY STONY BROOKOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754813

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIJSSENBECK, MICHAEL, , ,

Mailing Address 420 BLACK ROCK TPKE

City
REDDINGState
CTZip Code
06896-1604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUNY STONY BROOKOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785750

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1660 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RILEY, LIN, , ,

Mailing Address 1550 MEDITERRANEAN RD E

City
WEST PALM BEACHState
FLZip Code
33406-8645FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44716837**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RILEY, LIN, , ,

Mailing Address 1550 MEDITERRANEAN RD E

City
WEST PALM BEACHState
FLZip Code
33406-8645FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762820**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RINDONE, D., PAULINE, ,

Mailing Address 3232 EL TREBOL CT

City
SANTA FEState
NMZip Code
87507-9253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765495**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1661 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RINDONE, D., PAULINE, ,

Mailing Address 3232 EL TREBOL CT

City
SANTA FEState
NMZip Code
87507-9253FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786681**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RINTOUL, BLANCHE, , ,

Mailing Address 703 RIVERA DR

City
MULVANEState
KSZip Code
67110-1234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684379**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIORDAN, ELLIOT, , ,

Mailing Address 5207 AUGUSTA ST

City
BETHESDAState
MDZip Code
20816-2313FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE WORLD BANKOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701961**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1662 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIPPEE, EDWARD, , ,

Mailing Address 7910 NW 76TH TER

City
KANSAS CITYState
MOZip Code
64152-4419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
REMAX HERITAGEOccupation (for Individual)
BROKER-SALESPERSON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44807082**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RISEN, JANE, , ,

Mailing Address 5506 S KENWOOD AVE

City
CHICAGOState
ILZip Code
60637-1714FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CHICAGOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800018**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RISHEL, DOUGLAS, , ,

Mailing Address 231 CASCADE RD

City
PITTSBURGHState
PAZip Code
15221-4439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BMPCOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789284**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1663 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RISHEL, DOUGLAS, , ,

Mailing Address 231 CASCADE RD

City
PITTSBURGHState
PAZip Code
15221-4439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BMPCOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794897

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RISHEL, DOUGLAS, , ,

Mailing Address 231 CASCADE RD

City
PITTSBURGHState
PAZip Code
15221-4439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BMPCOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796611

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RISNER, MELODY, , ,

Mailing Address 1040 MICHAEL WAY

City
CAMANO ISLANDState
WAZip Code
98282-6522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782341

Amount of Each Receipt this Period

118.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

158.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1664 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RISSER, WILLIAM, , ,

Mailing Address 1331 SE 76TH AVE

City
PORTLANDState
ORZip Code
97215-2923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681782

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RITCHE, SUSAN, , ,

Mailing Address 17 COBBLE RD

City
SALISBURYState
CTZip Code
06068-1501FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44654957

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RIVARD, KAREN, , ,

Mailing Address 1300 EVENT CENTER DR NE

City
BEMIDJIState
MNZip Code
56601-3317FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44746568

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1665 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RIZO PATRON, JANE CECILLIA, , ,

Mailing Address 202 TAMASSEE DR

City
CLEMSONState
SCZip Code
29631-1843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702621**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROACH, DEBORAH, M., ,

Mailing Address 3208 MONTE VISTA AVE

City
ALAMEDAState
CAZip Code
94501-1728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44695405**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROACH, DEBORAH, M., ,

Mailing Address 3208 MONTE VISTA AVE

City
ALAMEDAState
CAZip Code
94501-1728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761019**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1666 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROACH, JON, , ,

Mailing Address 722 CHEOWA CIR

City
KNOXVILLEState
TNZip Code
37919-6676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WATSON ROACH BATSON ROWELL & LAUDERBAC

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655259

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROACH, WILLIAM, , ,

Mailing Address 744 E 80TH ST

City
BROOKLYNState
NYZip Code
11236-3514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

MLB PRODUCTIONS

Occupation (for Individual)

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762436

Amount of Each Receipt this Period

52.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBB, MERLIN, L., ,

Mailing Address 15602 TWIN VALLEY CT

City
SILVER SPRINGState
MDZip Code
20906-1042FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HENRY M JACKSON FOUNDATION

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44701862

Amount of Each Receipt this Period

240.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

792.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1667 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBBINS, BONNIE, B., ,Mailing Address 900 UNIVERSITY ST
APT 1702City
SEATTLEState
WAZip Code
98101-3729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659173

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBBINS, BONNIE, B., ,Mailing Address 900 UNIVERSITY ST
APT 1702City
SEATTLEState
WAZip Code
98101-3729FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680317

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBBINS, CORNELIA, ROE, ,

Mailing Address 112 LAKE JULIA DR N

City
PONTE VEDRA BEACHState
FLZip Code
32082-3517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724440

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1668 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674920

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687635

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716866

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1669 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705542**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741962**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBBINS, LOUISE, , ,

Mailing Address 5406 REGENT ST

City
MADISONState
WIZip Code
53705-4629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796196**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1670 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTI, ANTHONY, , ,

Mailing Address PO BOX 29

City
JIM THORPEState
PAZip Code
18229-0029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685628

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTI, ANTHONY, , ,

Mailing Address PO BOX 29

City
JIM THORPEState
PAZip Code
18229-0029FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44753875

Amount of Each Receipt this Period

84.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBERTS, ERIC, , ,

Mailing Address 9400 BERMUDA RD
APT 378City
LAS VEGASState
NVZip Code
89123-4420FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMHOccupation (for Individual)
LEASING AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716886

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

274.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1671 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTS, JUDY, IRENE, ,Mailing Address 232 E CHURCH ST
APT 201City
LIBERTYVILLEState
ILZip Code
60048-2375FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731148**

Amount of Each Receipt this Period

525.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, BRUCE, F., ,Mailing Address 14 MAIN ST S
UNIT 505City
KIRKLANDState
WAZip Code
98033-6399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640100**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBERTSON, BRUCE, F., ,Mailing Address 14 MAIN ST S
UNIT 505City
KIRKLANDState
WAZip Code
98033-6399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674942**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1672 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTSON, BRUCE, F., ,Mailing Address 14 MAIN ST S
UNIT 505City
KIRKLANDState
WAZip Code
98033-6399FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725600

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, CLAIRE, , ,

Mailing Address 3502 E WILLIAM CT

City
BLOOMINGTONState
INZip Code
47401-4383FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OHIO STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44640101

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBERTSON, DAVID, , ,

Mailing Address 1800 INDEPENDENCE RD

City
ROLLAState
MOZip Code
65401-2608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44667247

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1673 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBERTSON, DIANNE, , ,Mailing Address 5301 E WARM SPRINGS AVE
APT C110City
BOISEState
IDZip Code
83716-6206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700337**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBILIARD, ROBERT, , ,

Mailing Address 1010 HALF ST SE

City

WASHINGTON

State

DC

Zip Code

20003-3956

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEINOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677700**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINET, MCLOUIS, , ,

Mailing Address 214 S ELMWOOD AVE

City

OAK PARK

State

IL

Zip Code

60302-3222

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681781**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1674 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINET, MCLOUIS, , ,

Mailing Address 214 S ELMWOOD AVE

City
OAK PARKState
ILZip Code
60302-3222FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705553

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINS, STEPHEN, , ,

Mailing Address 9521 JAGGED CREEK CT

City
DELRAY BEACHState
FLZip Code
33446-9525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674950

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, BARRETT, F, ,

Mailing Address PO BOX 2346

City
WEST LAFAYETTEState
INZip Code
47996-2346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PURDUE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44716904

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1675 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, BARRETT, F, ,

Mailing Address PO BOX 2346

City
WEST LAFAYETTEState
INZip Code
47996-2346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PURDUE UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740006**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, CARL, , ,

Mailing Address 320 CAMARITAS WAY

City
DANVILLEState
CAZip Code
94526-5439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ON24 INCOccupation (for Individual)
SR MANAGER INFRASTRUCTURE CC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692143**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, CARL, , ,

Mailing Address 320 CAMARITAS WAY

City
DANVILLEState
CAZip Code
94526-5439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ON24 INCOccupation (for Individual)
SR MANAGER INFRASTRUCTURE CC

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763492**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1676 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, ELIZABETH, A A R, ,

Mailing Address 1215 ARBORVIEW BLVD

City
ANN ARBORState
MIZip Code
48103-3713FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751623

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, GERTIE, L., ,

Mailing Address 555 E 88TH PL

City
CHICAGOState
ILZip Code
60619-6825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752502

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, GERTIE, L., ,

Mailing Address 555 E 88TH PL

City
CHICAGOState
ILZip Code
60619-6825FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791601

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1677 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, MICHAEL, , ,

Mailing Address 9 LEGACY CT

City
HILTON HEADState
SCZip Code
29926-2213FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749422

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, PAULI, R., ,

Mailing Address 1821 MAPLE DR

City
WEEDState
CAZip Code
96094-9003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44674966

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, PAULI, R., ,

Mailing Address 1821 MAPLE DR

City
WEEDState
CAZip Code
96094-9003FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743069

Amount of Each Receipt this Period

12.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1678 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, SALLY, S., ,

Mailing Address 1211 CHURCH ST

City
GALVESTONState
TXZip Code
77550-5063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UTMBOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674955**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, SALLY, S., ,

Mailing Address 1211 CHURCH ST

City
GALVESTONState
TXZip Code
77550-5063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UTMBOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44674956**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, SALLY, S., ,

Mailing Address 1211 CHURCH ST

City
GALVESTONState
TXZip Code
77550-5063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UTMBOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796793**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

212.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1679 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, SCOTT, , ,

Mailing Address 625 OLIMA ST

City
SAUSALITOState
CAZip Code
94965-1502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOLBYOccupation (for Individual)
LABORATORIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692142

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, SCOTT, , ,

Mailing Address 625 OLIMA ST

City
SAUSALITOState
CAZip Code
94965-1502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DOLBYOccupation (for Individual)
LABORATORIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700350

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBINSON, WILLIAM, , ,

Mailing Address 400 DUBOCE AVE
APT 306City
SAN FRANCISCOState
CAZip Code
94117-3560FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693614

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2075.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1680 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBY, DANIEL, , ,

Mailing Address 6145 NW PONDEROSA AVE

City
CORVALLISState
ORZip Code
97330-3156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USDIOccupation (for Individual)
WILDLIFE BIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659206**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBY, DANIEL, , ,

Mailing Address 6145 NW PONDEROSA AVE

City
CORVALLISState
ORZip Code
97330-3156FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USDIOccupation (for Individual)
WILDLIFE BIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739333**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROCHTE, BEULAH, M., ,

Mailing Address 23 MAIN STREET CIR

City
SYLVANIAState
OHZip Code
43560-2893FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722307**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1681 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROCKMAN, SAUL, , ,

Mailing Address 1160 MISSION ST

City
SAN FRANCISCOState
CAZip Code
94103-1574FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ROCKMAN ET ALOccupation (for Individual)
EDUCATION RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770733**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODRIGUEZ, GUADALUPE, V., ,

Mailing Address 719 N PINO ST

City
WESLACOState
TXZip Code
78596-4756FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693620**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659225**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1682 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RODTS, ANDREA, , ,

Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659226

Amount of Each Receipt this Period

60.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODTS, ANDREA, , ,

Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725623

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODTS, ANDREA, , ,

Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725624

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1683 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725625

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755720

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789521

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1684 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790439

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790655

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RODTS, ANDREA, , ,Mailing Address 1107 FINCH ST
UNIT 204City
LOVELANDState
COZip Code
80537-2328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799660

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1685 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROETZEL, CALVIN, , ,

Mailing Address 502 LYNNHURST AVE E
APT 411City
SAINT PAULState
MNZip Code
55104-3491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675001

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROETZEL, CALVIN, , ,

Mailing Address 502 LYNNHURST AVE E
APT 411City
SAINT PAULState
MNZip Code
55104-3491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724318

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROETZEL, CALVIN, , ,

Mailing Address 502 LYNNHURST AVE E
APT 411City
SAINT PAULState
MNZip Code
55104-3491FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730051

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1686 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROGERS, ANDREA, , ,

Mailing Address 387 S UNION ST

City
BURLINGTONState
VTZip Code
05401-4583FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675004

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROGERS, AUDREY, , ,Mailing Address 715 MAIDEN CHOICE LN
APT PV207City
CATONSVILLEState
MDZip Code
21228-5928FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687673

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROGERS, JANET, , ,

Mailing Address 87230 BOAK LN

City
BANDONState
ORZip Code
97411-9280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BANDON DUNES GOLF RESORTOccupation (for Individual)
NATURALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743528

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1687 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROGERS, JANET, , ,

Mailing Address 87230 BOAK LN

City
BANDONState
ORZip Code
97411-9280FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BANDON DUNES GOLF RESORTOccupation (for Individual)
NATURALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786107

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROLAND, KARIN, , ,

Mailing Address 8541 POPLAR CREEK RD

City
NASHVILLEState
TNZip Code
37221-3209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DOCOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700387

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROMANO, DANIEL, , ,

Mailing Address 7374 FOX HILL LN

City
NORTHVILLEState
MIZip Code
48168-9512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664049

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1688 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROMANO, DANIEL, , ,

Mailing Address 7374 FOX HILL LN

City
NORTHVILLEState
MIZip Code
48168-9512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786199**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROMERO, ALEXANDER, F., ,

Mailing Address 1220 ROCKWOOD AVE

City
CALEXICOState
CAZip Code
92231-2337FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747981**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROODE, DANA, , ,

Mailing Address 4 REVERE

City
IRVINEState
CAZip Code
92620-2544FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730058**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1689 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROODE, DANA, , ,Mailing Address **4 REVERE**City
IRVINEState
CAZip Code
92620-2544FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44741670**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSE, ADRIENNE, K., ,Mailing Address **S469 WINFIELD RD**City
WINFIELDState
ILZip Code
60190-1451FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 06 / 2025**Transaction ID : 44664845**

Amount of Each Receipt this Period

300.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSE, JONATHAN, , ,Mailing Address **105 BEVERS PL**City
MANITOU SPRINGSState
COZip Code
80829-2701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS COACH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 24 / 2025**Transaction ID : 44753022**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**500.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1690 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSENBAUM, CRISTIN, S., ,

Mailing Address 5530 NW OSPREY PL

City
PORTLANDState
ORZip Code
97229-1089FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASMLOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723364**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSENBAUM, GEROLD, , ,

Mailing Address 14608 136TH ST

City
LEMONTState
ILZip Code
60439-7927FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF GEORGIAOccupation (for Individual)
BIOPHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755444**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSENBLATT, PETER, R., ,Mailing Address 5610 WISCONSIN AVE
APT 1007City
CHEVY CHASEState
MDZip Code
20815-4436FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HELLER & ROSENBLATTOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771913**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1691 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, BEVERLY, , ,

Mailing Address 56 DUNWOODY SPRINGS DR

City
ATLANTAState
GAZip Code
30328-4556FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659273

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, BEVERLY, , ,

Mailing Address 56 DUNWOODY SPRINGS DR

City
ATLANTAState
GAZip Code
30328-4556FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659274

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSS, BEVERLY, , ,

Mailing Address 56 DUNWOODY SPRINGS DR

City
ATLANTAState
GAZip Code
30328-4556FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756037

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1692 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROSS, PAULA, , ,

Mailing Address 3468 BROOKSIDE RD

City
OTTAWA HILLSState
OHZip Code
43606-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF TOLEDOOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717051

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROSS, STUART, A., ,

Mailing Address 506 MARINA CIR

City
DAVISState
CAZip Code
95616-2727FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV CALIFOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739391

Amount of Each Receipt this Period

464.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROSTOCKI, ALEXANDER, , ,

Mailing Address 284 SHORE DR

City
BRANFORDState
CTZip Code
06405-4838FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PEOPLES UNITEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748090

Amount of Each Receipt this Period

225.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

764.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1693 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROTHBARD, MELVYN, H., ,

Mailing Address 23 S 23RD ST

City
PHILADELPHIA

State
PA

Zip Code
19103-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

02 / **11** / **2025**

Transaction ID : 44686788

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROTHBARD, MELVYN, H., ,

Mailing Address 23 S 23RD ST

City
PHILADELPHIA

State
PA

Zip Code
19103-3016

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

02 / **16** / **2025**

Transaction ID : 44717069

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROTHCHILD, ERIC, , ,

Mailing Address 545 FOSTER ST
UNIT 325

City
DURHAM

State
NC

Zip Code
27701-2597

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / **13** / **2025**

Transaction ID : 44693613

Amount of Each Receipt this Period

1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1694 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROTHSCHILD, GLORIA, , ,

Mailing Address 1316 SHERMAN ST

City
WATERTOWNState
NYZip Code
13601-4530FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724478**

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROTTSOLK, MARGARET, , ,

Mailing Address 1024 E SHELBY ST

City
SEATTLEState
WAZip Code
98102-3821FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702604**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROURKE, EDWARD, J., ,

Mailing Address 3 SPARKLEWOOD PL

City
THE WOODLANDSState
TXZip Code
77381-6515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729410**

Amount of Each Receipt this Period

600.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1695 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROURKE, EDWARD, J., ,

Mailing Address 3 SPARKLEWOOD PL

City
THE WOODLANDSState
TXZip Code
77381-6515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751272

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROURKE, EDWARD, J., ,

Mailing Address 3 SPARKLEWOOD PL

City
THE WOODLANDSState
TXZip Code
77381-6515FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768595

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROUSE, MARY, A, ,

Mailing Address 11444 BERWICK ST

City
LOS ANGELESState
CAZip Code
90049-3416FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791695

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1696 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROUSSEAU, SYLVIA, G., ,

Mailing Address 8801 S 3RD AVE

City
INGLEWOODState
CAZip Code
90305-2801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USCOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781573**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROWE, RICHARD, , ,

Mailing Address 359 S WARREN AVE

City
COLUMBUSState
OHZip Code
43204-3057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705610**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROWLETT, MARTHA, , ,

Mailing Address 225 LOVELY LN

City
ASHEVILLEState
NCZip Code
28803-1371FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717087**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

562.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1697 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROYER, ROSELLA, , ,

Mailing Address 323 315TH ST

City
SABETHAState
KSZip Code
66534-9631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743956

Amount of Each Receipt this Period

85.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUBIN, JONATHAN, , ,

Mailing Address 3650 W HURON RIVER DR

City
ANN ARBORState
MIZip Code
48103-9489FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MICHIGANOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44730092

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUBIN, JONATHAN, , ,

Mailing Address 3650 W HURON RIVER DR

City
ANN ARBORState
MIZip Code
48103-9489FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MICHIGANOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742390

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1698 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUBLEY, CHARLES, R., ,

Mailing Address 1515 ULSTER WAY

City
WEST CHESTERState
PAZip Code
19380-6839FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	05	/	2025

Transaction ID : 44654875

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUCH, DONALD, , ,

Mailing Address 2411 S COUNTY ROAD 700 E

City
SELMAState
INZip Code
47383-9684FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BALL STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2025

Transaction ID : 44759564

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUCHHOFT, ANN, M., ,

Mailing Address 1265 FOREST CT

City
CINCINNATIState
OHZip Code
45215-2069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2025

Transaction ID : 44694210

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1699 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUCHHOFT, ANN, M, ,

Mailing Address 1265 FOREST CT

City
CINCINNATIState
OHZip Code
45215-2069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722015

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUCHHOFT, ANN, M, ,

Mailing Address 1265 FOREST CT

City
CINCINNATIState
OHZip Code
45215-2069FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723965

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUDDER, CLYMENE, Y., ,

Mailing Address 7290 KINGHURST DR
APT 805City
DELRAY BEACHState
FLZip Code
33446-2527FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44640223

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1055.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1700 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUDDER, CLYMENE, Y., ,Mailing Address 7290 KINGHURST DR
APT 805City
DELRAY BEACHState
FLZip Code
33446-2527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692225

Amount of Each Receipt this Period

135.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUDNIANYN, STEVE, , ,

Mailing Address 2441 NE 3RD ST

City
OCALAState
FLZip Code
34470-8289FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781059

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUDNIANYN, STEVE, , ,

Mailing Address 2441 NE 3RD ST

City
OCALAState
FLZip Code
34470-8289FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797286

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

485.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1701 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUDULPH, DIANE, , ,

Mailing Address 3455 FAIRHAVEN RD

City
ROCK HILLState
SCZip Code
29732-9297FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741816**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUEBUSCH, RONALD, RAYMOND, ,

Mailing Address 20546 SEVILLA LN

City
SARATOGAState
CAZip Code
95070-4822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44655078**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUEHLE, MARY ANN, ANN, ,Mailing Address 631 LAKEVIEW BLVD
APT A407City
NEW BRAUNFELSState
TXZip Code
78130-2129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730900**

Amount of Each Receipt this Period

350.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1702 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUETZLER, KLAUS, , ,

Mailing Address 1435 WAGGAMAN CIR

City
MC LEANState
VAZip Code
22101-4029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675166

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUGGLES, ROBERT, M., ,

Mailing Address 2318 HAMPSHIRE WAY

City
TALLAHASSEEState
FLZip Code
32309-3107FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44692227

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUGGLES, ROBERT, M., ,

Mailing Address 2318 HAMPSHIRE WAY

City
TALLAHASSEEState
FLZip Code
32309-3107FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705630

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1703 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUHLAND, NORMAN, , ,Mailing Address **S9687 COUNTY RD N**City
PLAINState
WIZip Code
53577-9676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
VOLUNTEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

Transaction ID : 44681746

Amount of Each Receipt this Period

100.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUNDLE, MARIE, , ,Mailing Address **1813 VELA PL**City
DAVISState
CAZip Code
95618-6760FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

Transaction ID : 44692230

Amount of Each Receipt this Period

200.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSLEY, MARK, S., ,Mailing Address **843 TWISTED OAK CT**City
ALGONQUINState
ILZip Code
60102-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DUNDEE ANIMAL HOSPITALOccupation (for Individual)
VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

Transaction ID : 44694071

Amount of Each Receipt this Period

600.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**900.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1704 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUSSELL, LOUISE, , ,

Mailing Address 240 SINCLAIR PL

City
WESTFIELDState
NJZip Code
07090-3122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44770856**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSELL-CURRY, PATRICIA, , ,

Mailing Address 2068 TEAK AVE

City
MERCEDState
CAZip Code
95340-1739FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793603**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSSO, LEONARD, , ,

Mailing Address 226 EDUCATION WAY

City
SHELBYVILLEState
KYZip Code
40065-8121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782320**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

838.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1705 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUSSO, LEONARD, , ,

Mailing Address 226 EDUCATION WAY

City
SHELBYVILLEState
KYZip Code
40065-8121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794219

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSSO, LEONARD, , ,

Mailing Address 226 EDUCATION WAY

City
SHELBYVILLEState
KYZip Code
40065-8121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800793

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUSSO, LEONARD, , ,

Mailing Address 226 EDUCATION WAY

City
SHELBYVILLEState
KYZip Code
40065-8121FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801425

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1706 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUST, CHRISTINE, , ,

Mailing Address 521 RIVERSHIRE PL

City
LINCOLNSHIREState
ILZip Code
60069-3812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717142**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUSTEN, NANCY, , ,

Mailing Address 1282 LEISURE WORLD

City
MESAState
AZZip Code
85206-3006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736473**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUTHERFORD, KELVIN, , ,

Mailing Address 12607 SE MCGILLIVRAY BLVD

City
VANCOUVERState
WAZip Code
98683-6351FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707294**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1707 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUTHERFORD, KELVIN, , ,

Mailing Address 12607 SE MCGILLIVRAY BLVD

City
VANCOUVERState
WAZip Code
98683-6351FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705638

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RUTHERFORD, KELVIN, , ,

Mailing Address 12607 SE MCGILLIVRAY BLVD

City
VANCOUVERState
WAZip Code
98683-6351FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44790966

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUTLAND, LAURA, E, ,

Mailing Address 4320 MELROSE AVE

City
ERIEState
PAZip Code
16509-1224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44644133

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1708 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUTTER, RUSSELL, , ,

Mailing Address 709 NORMAL AVE

City
NORMALState
ILZip Code
61761-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723791**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYAN, ANNE, , ,

Mailing Address 24 MINUTEMAN CIR

City
ALLENTOWNState
NJZip Code
08501-1853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680392**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYAN, ANNE, , ,

Mailing Address 24 MINUTEMAN CIR

City
ALLENTOWNState
NJZip Code
08501-1853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763512**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1709 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYAN, ANNE, , ,

Mailing Address 24 MINUTEMAN CIR

City
ALLENTOWNState
NJZip Code
08501-1853FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770329

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYAN, BARBARA, , ,

Mailing Address 14350 MANUELLA RD

City
LOS ALTOS HILLSState
CAZip Code
94022-2020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687709

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYAN, BARBARA, , ,

Mailing Address 14350 MANUELLA RD

City
LOS ALTOS HILLSState
CAZip Code
94022-2020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725685

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1710 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYAN, BARBARA, , ,

Mailing Address 14350 MANUELLA RD

City
LOS ALTOS HILLSState
CAZip Code
94022-2020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754609

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44640255

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44644140

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1711 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675209

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687711

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700470

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1712 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717165

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44725687

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742480

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1713 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYGG, WILLIAM, , ,

Mailing Address 4520 BERRENDO DR

City
SACRAMENTOState
CAZip Code
95864-3124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787497

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RYLAND, BARBARA, H., ,

Mailing Address 4020 21ST ST N

City
ARLINGTONState
VAZip Code
22207-3014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CROWELL & MORINGOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794705

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44648976

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1714 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648977**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44675214**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725688**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1715 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44738077**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44744898**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784314**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 1716 OF 2977
(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789431

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SACHER, WILLIAM, , ,

Mailing Address 33 MOUNTAIN AVE

City
POMPTON PLNSState
NJZip Code
07444-1010FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CARGILLE SACHER LABSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44790674

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SACHS, NANCY, L., ,

Mailing Address 4514 HARLING LN

City
BETHESDAState
MDZip Code
20814-4628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AUOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44722877

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1717 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SACHS, NANCY, L., ,

Mailing Address 4514 HARLING LN

City
BETHESDAState
MDZip Code
20814-4628FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AUOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767528

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAENZ, RITA, L., ,

Mailing Address 5918 COUNTRY MANOR PL

City
SACRAMENTOState
CAZip Code
95835-2152FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
XEROXOccupation (for Individual)
GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700476

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAIDEL, BARBARA, , ,Mailing Address 135 E 83RD ST
APT 4DCity
NEW YORKState
NYZip Code
10028-2411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNION FOR REFORM JUDAISMOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797914

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1718 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAJOUS, BRIGITTE, , ,

Mailing Address 193 WACCABUC RD

City
GOLDENS BRGState
NYZip Code
10526-1219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732160**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAKS, SHARALYN, S, ,

Mailing Address 307 N BEMISTON AVE

City
SAINT LOUISState
MOZip Code
63105-3829FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681653**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALAMON, MYRON, , ,

Mailing Address 416 CIRCLE DR

City
SANTA FEState
NMZip Code
87501-8882FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF TEXASOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762247**

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1719 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALCIDO, NED, , ,

Mailing Address 1864 RIVIERA AVE

City
BANNINGState
CAZip Code
92220-7126FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44753666

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SALLEE, JENNIFER, , ,

Mailing Address 8406 VINTAGE PARK DR

City
SACRAMENTOState
CAZip Code
95828-6127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764728

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALLICK, MARGARET, , ,Mailing Address 555 PACIFIC ST
1FCity
BROOKLYNState
NYZip Code
11217-1902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FAMILY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44640276

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1720 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALLICK, MARGARET, , ,Mailing Address 555 PACIFIC ST
1FCity
BROOKLYNState
NYZip Code
11217-1902FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FAMILY THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640277**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SALMON, MARY ANNE, , ,Mailing Address 250 S ESTES DR
APT 93City
CHAPEL HILLState
NCZip Code
27514-7006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNC SCHOOL OF SOCIAL WORKOccupation (for Individual)
CLINICAL ASSOCIATE PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785518**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALTZ, SUSAN, , ,

Mailing Address 13434 BAYLISS RD

City
LOS ANGELESState
CAZip Code
90049-1833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692279**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1721 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALVADOR, NICK, , ,Mailing Address 2600 SPINNAKER WAY
UNIT 7City
RICHMONDState
CAZip Code
94804-4525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700501

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SALYERS, CINDY, , ,Mailing Address 103 SW 3RD ST
APT 131City
DES MOINESState
IAZip Code
50309-4622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44735648

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SALYERS, CINDY, , ,Mailing Address 103 SW 3RD ST
APT 131City
DES MOINESState
IAZip Code
50309-4622FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736539

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1722 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SALZMAN, RANDALL, , ,

Mailing Address 324 11TH ST NW

City
CHARLOTTESVILLEState
VAZip Code
22903-2322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756030

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMPSON, RUTH, , ,

Mailing Address 238 GREENFIELD AVE

City
SAN MATEOState
CAZip Code
94403-5010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OPTIONS TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717218

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAMSON, FRED, , ,

Mailing Address 314 MILL ST

City
MOUNT HOLLYState
NJZip Code
08060-1911FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44692282

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1723 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAMSON, HUGH, W, ,

Mailing Address 15 GREYSTONE RD

City
NAHANTState
MAZip Code
01908-1244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730115

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMSON, HUGH, W, ,

Mailing Address 15 GREYSTONE RD

City
NAHANTState
MAZip Code
01908-1244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763948

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANCHEZ, CATHERINE, , ,

Mailing Address 16609 S MOUNTAIN STONE TRL

City
PHOENIXState
AZZip Code
85048-2080FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680409

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1724 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDERS, BRUCE, , ,

Mailing Address 10 CLIFF RD

City
EASTHAMState
MAZip Code
02642-2520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44735617

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDERS, MARILYN, , ,

Mailing Address 702 N PLATEAU ST

City
MARFAState
TXZip Code
79843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.78

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687732

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDERS, MARILYN, , ,

Mailing Address 702 N PLATEAU ST

City
MARFAState
TXZip Code
79843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.78

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687733

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1725 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDERS, MARILYN, , ,

Mailing Address 702 N PLATEAU ST

City
MARFAState
TXZip Code
79843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.78

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694803**

Amount of Each Receipt this Period

180.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDERS, MARILYN, , ,

Mailing Address 702 N PLATEAU ST

City
MARFAState
TXZip Code
79843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.78

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44738935**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDERS, MARILYN, , ,

Mailing Address 702 N PLATEAU ST

City
MARFAState
TXZip Code
79843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

515.78

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44790628**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1726 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDERS, RICHARD, B., ,Mailing Address 2154 DOVER CENTER RD
APT 307City
WESTLAKEState
OHZip Code
44145-3135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44648995

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDERS, RICHARD, B., ,Mailing Address 2154 DOVER CENTER RD
APT 307City
WESTLAKEState
OHZip Code
44145-3135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

Transaction ID : 44680419

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDERS, RICHARD, B., ,Mailing Address 2154 DOVER CENTER RD
APT 307City
WESTLAKEState
OHZip Code
44145-3135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

Transaction ID : 44717236

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1727 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDERSON, ROBERT, , ,

Mailing Address 2095 NW CASCADE VIEW DR

City
BENDState
ORZip Code
97703-1401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
2BHOSPITALITY LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648996**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDS, BRINNA, , ,

Mailing Address 288 HOGBACK RD

City
NORWICHState
VTZip Code
05055-9487FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44648998**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANDS, BRINNA, , ,

Mailing Address 288 HOGBACK RD

City
NORWICHState
VTZip Code
05055-9487FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700520**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1728 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANDS, BRINNA, , ,

Mailing Address 288 HOGBACK RD

City
NORWICHState
VTZip Code
05055-9487FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783889

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANDY, ALFRED, , ,

Mailing Address 14121 JONES BRIDGE RD

City
UPPER MARLBOROState
MDZip Code
20774-8585FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USAIDOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.55

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717244

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANFORD, NANCY, , ,

Mailing Address 2517 4TH AVE N

City
SEATTLEState
WAZip Code
98109-2150FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44705671

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

337.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1729 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANTIAGO, ABRAHAM, A, , JR

Mailing Address 2801 BARKLEY LN

City
REDONDO BEACHState
CAZip Code
90278-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659400**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTIAGO, ABRAHAM, A, , JR

Mailing Address 2801 BARKLEY LN

City
REDONDO BEACHState
CAZip Code
90278-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687736**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTIAGO, ABRAHAM, A, , JR

Mailing Address 2801 BARKLEY LN

City
REDONDO BEACHState
CAZip Code
90278-1710FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44742723**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1730 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANTIAGO, ABRAHAM, A, , JR

Mailing Address 2801 BARKLEY LN

City
REDONDO BEACHState
CAZip Code
90278-1710FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766215

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTOS, ADELE, N., ,

Mailing Address 27 VILLAGE ST

City
SOMERVILLEState
MAZip Code
02143-3722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659402

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOS, ADELE, N., ,

Mailing Address 27 VILLAGE ST

City
SOMERVILLEState
MAZip Code
02143-3722FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659403

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1731 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANTOS, ADELE, N., ,

Mailing Address 27 VILLAGE ST

City
SOMERVILLEState
MAZip Code
02143-3722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659405

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANTOS, ADELE, N., ,

Mailing Address 27 VILLAGE ST

City
SOMERVILLEState
MAZip Code
02143-3722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675304

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANTOS, ADELE, N., ,

Mailing Address 27 VILLAGE ST

City
SOMERVILLEState
MAZip Code
02143-3722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797497

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

218.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1732 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SANTOS, LEONARD, E., ,

Mailing Address 2681 SW VISTA AVE

City
PORTLANDState
ORZip Code
97201-1794FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771002**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAPOZNIKOW, ISAAC, , ,

Mailing Address 42 DEMAREST AVE

City
WEST NYACKState
NYZip Code
10994-1834FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759321**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SARASOHN, EILEEN, A, ,

Mailing Address 6942 GALLERY WAY

City
SACRAMENTOState
CAZip Code
95831-2706FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702205**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1733 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SARAVAY, RICHARD, , ,

Mailing Address 9 MUSTATO RD

City
KATONAHState
NYZip Code
10536-3725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOKOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749536

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SARAVAY, RICHARD, , ,

Mailing Address 9 MUSTATO RD

City
KATONAHState
NYZip Code
10536-3725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOKOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44753843

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SARAVAY, RICHARD, , ,

Mailing Address 9 MUSTATO RD

City
KATONAHState
NYZip Code
10536-3725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOKOccupation (for Individual)
ARCHITECT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44761024

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1734 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SARMA, GAILE, , ,

Mailing Address 140 AUTUMN HILL RD

City
PRINCETONState
NJZip Code
08540-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687737**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SARMA, GAILE, , ,

Mailing Address 140 AUTUMN HILL RD

City
PRINCETONState
NJZip Code
08540-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751269**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SARMA, GAILE, , ,

Mailing Address 140 AUTUMN HILL RD

City
PRINCETONState
NJZip Code
08540-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44753126**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1735 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAUER, ALFRED, , ,

Mailing Address 109 1ST AVE

City
MANASQUANState
NJZip Code
08736-3312FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793680**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAUER, FRANCIS, , ,

Mailing Address 1646 W OFARRELL ST

City
SAN PEDROState
CAZip Code
90732-2718FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665450**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAUER, FRANCIS, , ,

Mailing Address 1646 W OFARRELL ST

City
SAN PEDROState
CAZip Code
90732-2718FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666200**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1736 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAUSSY, CARROLL, , ,

Mailing Address 317 FELLOWSHIP CIR

City
GAITHERSBURGState
MDZip Code
20877-2809FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664173

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAUSSY, CARROLL, , ,

Mailing Address 317 FELLOWSHIP CIR

City
GAITHERSBURGState
MDZip Code
20877-2809FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781539

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAVINI, STEVEN, , ,

Mailing Address 2931 COLTSBRIDGE DR

City
LEWIS CENTERState
OHZip Code
43035-7342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734626

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1737 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAX, DIANNE, , ,Mailing Address **147 BAY SPRING AVE**
APT 202City
BARRINGTONState
RIZip Code
02806-1373FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 13 / 2025**Transaction ID : 44700541**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAX, DIANNE, , ,Mailing Address **147 BAY SPRING AVE**
APT 202City
BARRINGTONState
RIZip Code
02806-1373FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 18 / 2025**Transaction ID : 44725722**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SAX, DIANNE, , ,Mailing Address **147 BAY SPRING AVE**
APT 202City
BARRINGTONState
RIZip Code
02806-1373FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 27 / 2025**Transaction ID : 44767310**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**600.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1738 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCADDING, JOHN, L., ,

Mailing Address PO BOX 294

City
MOUNTAIN RANCHState
CAZip Code
95246-0294FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44693451

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCALES, WALTER, , ,

Mailing Address 7382 HALLCREST DR

City
MCLEANState
VAZip Code
22102-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44640342

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCALES, WALTER, , ,

Mailing Address 7382 HALLCREST DR

City
MCLEANState
VAZip Code
22102-2910FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675342

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1739 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675349

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675350

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680445

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1740 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700547

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717314

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

268.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44725729

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1741 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44730133

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44733292

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

318.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44738405

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1742 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746304

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751707

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

343.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44757110

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1743 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762239**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768859**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

373.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769868**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1744 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCARSO, JOSEPH, , ,

Mailing Address 3101 LOCHWOOD CIR

City
ANCHORAGEState
AKZip Code
99504-3732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791607

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHAFFER, ROBERTA, S, ,

Mailing Address 312 BUCKTHORN CIR

City
NORTHBROOKState
ILZip Code
60062-1045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEWITT ASSOCIATESOccupation (for Individual)
ACTUARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769472

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHATZ, LETTA, , ,Mailing Address 3300 DARBY RD
APT C403City
HAVERFORDState
PAZip Code
19041-1093FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675371

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1745 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHEFTNER, WILLIAM, , ,

Mailing Address 441 BONNIE BRAE RD

City
HINSDALEState
ILZip Code
60521-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUSH UNIVERSITY MEDICAL CENTEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659448**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHEINFELD, DANIEL, , ,

Mailing Address 618 W WRIGHTWOOD AVE

City
CHICAGOState
ILZip Code
60614-2514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ANTHROPOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44649032**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHEGLE, EDWARD, , ,

Mailing Address 3320 OYSTER BAY AVE

City
DAVISState
CAZip Code
95616-2676FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.23

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44717334**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1746 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHELEGLE, EDWARD, , ,

Mailing Address 3320 OYSTER BAY AVE

City
DAVISState
CAZip Code
95616-2676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766435

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHELEGLE, EDWARD, , ,

Mailing Address 3320 OYSTER BAY AVE

City
DAVISState
CAZip Code
95616-2676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.23

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767137

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHELEGLE, EDWARD, , ,

Mailing Address 3320 OYSTER BAY AVE

City
DAVISState
CAZip Code
95616-2676FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

360.46

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786184

Amount of Each Receipt this Period

20.23

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.23

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1747 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHENK, EVERETT, , ,

Mailing Address 19 SALISBURY RD

City
DARIENState
CTZip Code
06820-2225FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659451**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHENKKAN, DIRK, , ,

Mailing Address PO BOX 40

City
EL VERANOState
CAZip Code
95433-0040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD RICE ET ALOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44685555**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHEPMAN, DENNIS, , ,

Mailing Address 1913 MOUNTAIN VALLEY LN

City
ESCONDIDOState
CAZip Code
92029-4209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743434**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1748 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHERER, BRENDAN, E., ,

Mailing Address PO BOX 151

City
EL GRANADAState
CAZip Code
94018-0151FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN MATEO COUNTYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732791

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHERER, BRENDAN, E., ,

Mailing Address PO BOX 151

City
EL GRANADAState
CAZip Code
94018-0151FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN MATEO COUNTYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786152

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHETTLER, GRANT, , ,Mailing Address 777 E SOUTH TEMPLE
APT 51City
SALT LAKE CITYState
UTZip Code
84102-1200FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
STUDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680454

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1749 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHICKEDANZ, ADAM, , ,

Mailing Address 432 CALIFORNIA ST

City
EL SEGUNDOState
CAZip Code
90245-3210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644197

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHICKEDANZ, ADAM, , ,

Mailing Address 432 CALIFORNIA ST

City
EL SEGUNDOState
CAZip Code
90245-3210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692338

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHICKEDANZ, ADAM, , ,

Mailing Address 432 CALIFORNIA ST

City
EL SEGUNDOState
CAZip Code
90245-3210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UCLAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730142

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1750 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHICKEDANZ, ADAM, , ,

Mailing Address 432 CALIFORNIA ST

City
EL SEGUNDOState
CAZip Code
90245-3210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCLAOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770531**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHILLING, AUGUST, , ,

Mailing Address PO BOX 906

City
EULESSState
TXZip Code
76039-0906FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694073**

Amount of Each Receipt this Period

850.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHIMMEL, GEORGE, , ,

Mailing Address 3630 KINGS HWY

City
JACKSONState
MSZip Code
39216-3321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717348**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1751 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHIMMEL, GEORGE, , ,

Mailing Address 3630 KINGS HWY

City
JACKSONState
MSZip Code
39216-3321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44717349**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHIMPF, RUTH, , ,

Mailing Address 1510 SHELOR DR

City
RUSTONState
LAZip Code
71270-4888FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44700563**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHLESING, BETTY, A, ,

Mailing Address 1001 E MINNEHAHA RD

City
NIXAState
MOZip Code
65714-7573FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733638**

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1752 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHMAIER, ALVIN, , ,

Mailing Address 1970 BERKSHIRE RD

City
GATES MILLSState
OHZip Code
44040-9778FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UHCMC/CWRUOccupation (for Individual)
PHYSICIAN/SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759674

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHMID, HERMANN, F., ,

Mailing Address 786 KENT AVE

City
SAN CARLOSState
CAZip Code
94070-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724387

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHMID, MARTIN, , ,

Mailing Address 631 TWICKENHAM RD

City
GLENSIDEState
PAZip Code
19038-2034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44749063

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1753 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHMIEL, ROBERT, , ,

Mailing Address 1160 HAMPTON RD

City
ANNAPOLISState
MDZip Code
21409-4835FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753332

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHNEIDER, FREDRIC, MERL, ,

Mailing Address 38 PRAIRIE CT

City
BRIDGEWATERState
VAZip Code
22812-9524FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687044

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHNEIDER, MARY, , ,

Mailing Address 998 STANFORD AVE
APT 504City
BATON ROUGEState
LAZip Code
70808-3669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644204

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

526.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1754 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHNEIDER, MARY, , ,

Mailing Address 998 STANFORD AVE
APT 504City
BATON ROUGEState
LAZip Code
70808-3669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717378

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHNEIDER, MARY, , ,

Mailing Address 998 STANFORD AVE
APT 504City
BATON ROUGEState
LAZip Code
70808-3669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717379

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHNEIDER, MARY, , ,

Mailing Address 998 STANFORD AVE
APT 504City
BATON ROUGEState
LAZip Code
70808-3669FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782414

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1755 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHOENBAUM, ELLIE, E., ,

Mailing Address 215 W 98TH ST
APT 5DCity
NEW YORKState
NYZip Code
10025-5633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALBERT EINSTEIN COLLEGE OF MEDICINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734299

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHOENBAUM, ELLIE, E., ,

Mailing Address 215 W 98TH ST
APT 5DCity
NEW YORKState
NYZip Code
10025-5633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALBERT EINSTEIN COLLEGE OF MEDICINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754082

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHOENBAUM, ELLIE, E., ,

Mailing Address 215 W 98TH ST
APT 5DCity
NEW YORKState
NYZip Code
10025-5633FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ALBERT EINSTEIN COLLEGE OF MEDICINEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756237

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

99.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1756 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHOENBERG, JOSEPH, , ,

Mailing Address 188 WILLOW GLEN RD

City
RED HOOKState
NYZip Code
12571-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717389

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHOENBERG, JOSEPH, , ,

Mailing Address 188 WILLOW GLEN RD

City
RED HOOKState
NYZip Code
12571-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705714

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHOENBERG, JOSEPH, , ,

Mailing Address 188 WILLOW GLEN RD

City
RED HOOKState
NYZip Code
12571-4405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1381.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44736407

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1757 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHRAEDER, NEIL, , ,

Mailing Address 701 HILLTOP DR

City
DECORAHState
IAZip Code
52101-1007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HACKER NELSON & CO.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692368**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHRAEDER, NEIL, , ,

Mailing Address 701 HILLTOP DR

City
DECORAHState
IAZip Code
52101-1007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HACKER NELSON & CO.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788880**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHRAUF, JEREMY, P., ,

Mailing Address PO BOX 167

City
W WARDSBOROState
VTZip Code
05360-0167FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44675441**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1758 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHRAUF, JEREMY, P., ,

Mailing Address PO BOX 167

City
W WARDSBOROState
VTZip Code
05360-0167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730161

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHRAUF, JEREMY, P., ,

Mailing Address PO BOX 167

City
W WARDSBOROState
VTZip Code
05360-0167FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782356

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHREFFLER, ALICE, R., ,

Mailing Address 1 HILLSIDE AVE

City
BELVIDEREState
NJZip Code
07823-3133FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44765777

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1759 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHREIBER, KURT, , ,

Mailing Address 405 BUSHNELL ST

City
NASHVILLEState
TNZip Code
37206-1820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732280

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHREIBER, LISA, S., ,

Mailing Address 21 RAVINE DR

City
WOODCLIFF LAKEState
NJZip Code
07677-7820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG LIVING ESSENTIAL OILSOccupation (for Individual)
DISTRIBUTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675444

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHREIBER, LISA, S., ,

Mailing Address 21 RAVINE DR

City
WOODCLIFF LAKEState
NJZip Code
07677-7820FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
YOUNG LIVING ESSENTIAL OILSOccupation (for Individual)
DISTRIBUTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800130

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1760 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHRENK, EDMUND, , ,

Mailing Address 21 ALLARD BLVD

City
NEW ORLEANSState
LAZip Code
70119-3705FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766751

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHREURS, JOLANDA, , ,

Mailing Address 3 CRYSTAL BROOK HOLLOW RD

City
COLUMBUSState
OHZip Code
43232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693689

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHRIBER, ANN, , ,Mailing Address 2830 S MAIN ST
APT 227City
ANN ARBORState
MIZip Code
48103-5866FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664218

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1761 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHROCK, THOMAS, S, ,

Mailing Address 1409 GRAND AVE

City
SANTA BARBARAState
CAZip Code
93103-2016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700589

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHROCK, THOMAS, S, ,

Mailing Address 1409 GRAND AVE

City
SANTA BARBARAState
CAZip Code
93103-2016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44742980

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHROECKENTHALER, FRED, , ,

Mailing Address 13809 56TH AVE N

City
MINNEAPOLISState
MNZip Code
55446-3054FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725748

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1762 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHROECKENTHALER, FRED, , ,

Mailing Address 13809 56TH AVE N

City
MINNEAPOLISState
MNZip Code
55446-3054FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784040**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHUCK, MARY JANE, , ,

Mailing Address 6004 E EAGLE LAKE RD

City
WILLMARState
MNZip Code
56201-4458FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717409**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHUENEMEYER, JOHN, , ,

Mailing Address 960 SLIGO ST

City
CORTEZState
COZip Code
81321-2558FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUTHWEST STATISTICAL CONSULTINGOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700592**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1237.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1763 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULHOFER, ELLEN, , ,Mailing Address 100 N CITY PKWY
STE 1600City
LAS VEGASState
NVZip Code
89106-4614FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

BROWNSTEIN HYATT FARBER SCHRECK, LLP

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44760955**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHULTE, CAROL, , ,

Mailing Address 801 CAMBRIDGE DR

City
ROUND ROCKState
TXZip Code
78664-7608FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782697**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHULTZ, ALAN, M., ,

Mailing Address 9431 QUILL PL

City
MONTGOMRY VLGState
MDZip Code
20886-1245FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723969**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1764 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULTZ, CAROLYN, , ,

Mailing Address 12418 SUMMIT ST

City
KANSAS CITYState
MOZip Code
64145-1176FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772069**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHULTZ, STEPHEN, , ,

Mailing Address 249 CRUM CREEK RD

City
MEDIAState
PAZip Code
19063-1643FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751324**

Amount of Each Receipt this Period

3000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHULTZ, VIRGINIA, , ,

Mailing Address 249 CRUM CREEK RD

City
MEDIAState
PAZip Code
19063-1643FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752564**

Amount of Each Receipt this Period

3000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1765 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHULZ, MARGARET, J., ,

Mailing Address 14141 MARGATE ST

City
SHERMAN OAKSState
CAZip Code
91401-5721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722311**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHULZE, STEPHEN, , ,

Mailing Address 5526 SANFORD RD

City
HOUSTONState
TXZip Code
77096-6140FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KBROccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644213**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHUPBACH, GERTRUD, , ,

Mailing Address 11 PELHAM ST

City
PRINCETONState
NJZip Code
08540-5314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOWARD HUGHES MEDICAL INSTITUTEOccupation (for Individual)
INVESTIGATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701870**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1766 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHUR, JEROME, , ,

Mailing Address 2416 MEADOW DR S

City
WILMETTEState
ILZip Code
60091-2257FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644214**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWAB, LINELL, , ,

Mailing Address 12426 NE 134TH PL

City
KIRKLANDState
WAZip Code
98034-5410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717426**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWAB, LINELL, , ,

Mailing Address 12426 NE 134TH PL

City
KIRKLANDState
WAZip Code
98034-5410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736979**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1040.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1767 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWAB, LINELL, , ,

Mailing Address 12426 NE 134TH PL

City
KIRKLANDState
WAZip Code
98034-5410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784849

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWAB, LINELL, , ,

Mailing Address 12426 NE 134TH PL

City
KIRKLANDState
WAZip Code
98034-5410FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793936

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWANGER, MARY, , ,

Mailing Address 419 VALLEY ST

City
MARYSVILLEState
PAZip Code
17053-1163FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AFSCME COUNCIL 13Occupation (for Individual)
UNION DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

214.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788231

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

49.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1768 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWANGER, MARY, , ,

Mailing Address 419 VALLEY ST

City
MARYSVILLEState
PAZip Code
17053-1163FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AFSCME COUNCIL 13Occupation (for Individual)
UNION DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794832**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARTING, EUGENE, RAYMOND, ,

Mailing Address 5814 N CAMINO DEL CONDE

City
TUCSONState
AZZip Code
85718-4310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760277**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARTZ, BENJAMIN, , ,

Mailing Address 19 OAK PARK DR

City
SAINT LOUISState
MOZip Code
63141-8428FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692392**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1769 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARTZ, CHARLES, , ,Mailing Address **415 MAIN ST**
APT 15FCity
NEW YORKState
NYZip Code
10044-0359FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONTEFIORE MEDICAL CENTER, BRONX, NYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44782095**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARTZ, HEMAN, , ,Mailing Address **4619 CHEVY CHASE BLVD**City
CHEVY CHASEState
MDZip Code
20815-5343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44789843**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWARZ, CHRISTOPHER, , ,Mailing Address **1941 EDDY ST**City
SAN FRANCISCOState
CAZip Code
94115-3923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2025**Transaction ID : 44757296**

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025****SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**600.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1770 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWARZ, FRANCES, , ,

Mailing Address PO BOX 786

City
BERNARDSVILLEState
NJZip Code
07924-0786FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760828**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWERIN, KATHY, , ,

Mailing Address 634 S RICHMOND AVE

City
CARSON CITYState
NVZip Code
89703-4823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754913**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWIND, JANET, , ,

Mailing Address 100 WESTMOOR CT

City
SANTA CRUZState
CAZip Code
95060-2438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705742**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1771 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHWIND, JANET, , ,

Mailing Address 100 WESTMOOR CT

City
SANTA CRUZState
CAZip Code
95060-2438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743135**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, ANDREA, , ,

Mailing Address 2532 W MUSIC MOUNTAINS DR

City
GREEN VALLEYState
AZZip Code
85622-8121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723241**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, BARBARA, , ,Mailing Address 71 STARBOARD DR
UNIT 170City
TIVERTONState
RIZip Code
02878-4281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736583**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1772 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, BARBARA, , ,Mailing Address **71 STARBOARD DR**
UNIT 170City
TIVERTONState
RIZip Code
02878-4281FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44743298**

Amount of Each Receipt this Period

500.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, CYNTHIA, , ,Mailing Address **764 ASHBURY ST**City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

02 / 18 / 2025**Transaction ID : 44725760**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, CYNTHIA, , ,Mailing Address **764 ASHBURY ST**City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

221.00

Date of Receipt

02 / 18 / 2025**Transaction ID : 44725764**

Amount of Each Receipt this Period

10.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**535.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1773 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, CYNTHIA, , ,

Mailing Address 764 ASHBURY ST

City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44739624**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, CYNTHIA, , ,

Mailing Address 764 ASHBURY ST

City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44781815**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, CYNTHIA, , ,

Mailing Address 764 ASHBURY ST

City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

292.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787922**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1774 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, CYNTHIA, , ,

Mailing Address 764 ASHBURY ST

City
SAN FRANCISCOState
CAZip Code
94117-4014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRESIDIO GRADUATE SCHOOLOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794857

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, DAVID, O., ,

Mailing Address 4359 E 1100 N

City
MORRISTOWNState
INZip Code
46161-9791FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666231

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, ELLEN, , ,Mailing Address 2990 E 17TH AVE
APT 2602City
DENVERState
COZip Code
80206-1679FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44640441

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

481.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1775 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, ELLEN, , ,Mailing Address 2990 E 17TH AVE
APT 2602City
DENVERState
COZip Code
80206-1679FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700608

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, JAMES, , ,

Mailing Address 14080 24TH AVE NE

City
SEATTLEState
WAZip Code
98125-3402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF EASTERN FINLANDOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766093

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCOTT, JOHN, , ,

Mailing Address 1456 RAINIER FALLS DR NE

City
ATLANTAState
GAZip Code
30329-4104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMORY UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657558

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1776 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, LOUISE, , ,

Mailing Address 180 CROW HILL RD

City
TINMOUTHState
VTZip Code
05773-1109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717463

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCUDERI, RICK, , ,

Mailing Address 25523 NOVELA WAY

City
VALENCIAState
CAZip Code
91355-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675496

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCUDERI, RICK, , ,

Mailing Address 25523 NOVELA WAY

City
VALENCIAState
CAZip Code
91355-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769290

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1777 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCUDERI, RICK, , ,

Mailing Address 25523 NOVELA WAY

City
VALENCIAState
CAZip Code
91355-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770975**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEAGRAVES, ELLEN, B., ,

Mailing Address 8000 ABERDEEN RD

City
BETHESDAState
MDZip Code
20814-1121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FLORIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786667**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEAGRAVES, ELLEN, B., ,

Mailing Address 8000 ABERDEEN RD

City
BETHESDAState
MDZip Code
20814-1121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FLORIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790325**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1778 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEAMAN, CHARLES, , ,

Mailing Address 7744 BRAKEMAN RD

City
PAINESVILLEState
OHZip Code
44077-8879FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684642**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEAMAN, DIANE, , ,

Mailing Address 4103 BAKER LN

City
PENDLETONState
KYZip Code
40055-9637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766348**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEAMAN, MICHAEL, T., ,

Mailing Address 33 PRISCILLA LN

City
ROTTERDAMState
NYZip Code
12306-3547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681414**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1779 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEAVER, PATRICIA, M., ,

Mailing Address 41 OAKMONT DR

City
BOWMANVILLEState
NYZip Code
14026-1067FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772217**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEAVER, ROBERT, , ,

Mailing Address 7 CLAREMONT PARK

City
BOSTONState
MAZip Code
02118-3001FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MERCER ROAD CORP.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794396**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SECCOMBE, S. DANA, , ,

Mailing Address 645 GREENWICH LN

City
FOSTER CITYState
CAZip Code
94404-3616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TACTYXOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717482**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1780 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SECCOMBE, S. DANA, , ,

Mailing Address 645 GREENWICH LN

City
FOSTER CITYState
CAZip Code
94404-3616FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TACTYXOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717483

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEDWAY, MARK, , ,

Mailing Address 57 E DELAWARE PL

City
CHICAGOState
ILZip Code
60611-1476FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687797

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEDWAY, MARK, , ,

Mailing Address 57 E DELAWARE PL

City
CHICAGOState
ILZip Code
60611-1476FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783447

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

105.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1781 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEGAL, MADY, W, ,

Mailing Address 9007 GETTYSBURG LN

City
COLLEGE PARKState
MDZip Code
20740-4017FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44677741

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEIDLER, EDWARD, , ,

Mailing Address 14273 E BALTIC CIR

City
AURORAState
COZip Code
80014-1402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US POSTAL SERVICEOccupation (for Individual)
DISTRIBUTION CLERK

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675528

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEILER, LINDA, , ,

Mailing Address 4357 BLACKTHORNE AVE

City
LONG BEACHState
CAZip Code
90808-1335FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759767

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1782 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SELDNER, ERIC, , ,

Mailing Address 42 WINDSOR DR

City
EATONTOWNState
NJZip Code
07724-2140FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TELCORDIA TECHNOLOGIESOccupation (for Individual)
SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684380**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SELLE, CHARLENE, , ,

Mailing Address 12714 W 10TH AVE

City
AIRWAY HEIGHTSState
WAZip Code
99001-9006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765086**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SELLIN, SUSAN, , ,

Mailing Address 2306 32ND AVE S

City
SEATTLEState
WAZip Code
98144-5534FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINDERMERE R.E.Occupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693764**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1783 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEMBLY, DIANE, , ,

Mailing Address 8104 SUMMITWOOD CT

City
CLINTONState
MDZip Code
20735-1467FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685625

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEMINARIO, MYRNA, , ,

Mailing Address 718 ALEPPO ST

City
NEWPORT BEACHState
CAZip Code
92660-4122FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44665757

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SENN, CHRISTINE, , ,

Mailing Address 1272 MINNEHAHA AVE W

City
SAINT PAULState
MNZip Code
55104-1406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680494

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

490.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1784 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SENN, CHRISTINE, , ,

Mailing Address 1272 MINNEHAHA AVE W

City
SAINT PAULState
MNZip Code
55104-1406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44745698**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SENS, BRENDA, D., ,

Mailing Address 580 MIDDLE RTE

City
GILMANTONState
NHZip Code
03237-4215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44665597**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SENS, BRENDA, D., ,

Mailing Address 580 MIDDLE RTE

City
GILMANTONState
NHZip Code
03237-4215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44692427**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1785 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SENS, BRENDA, D., ,

Mailing Address 580 MIDDLE RTE

City
GILMANTONState
NHZip Code
03237-4215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737935**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SERCL, JOAN, , ,Mailing Address 1409 W DOW RUMMEL ST
APT 207City
SIOUX FALLSState
SDZip Code
57104-7804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684937**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SERKOWNEK, KEN, , ,

Mailing Address 820 N HINDEMAN ST

City
SISTERSState
ORZip Code
97759-3127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1549.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700634**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1786 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SERKOWNEK, KEN, , ,

Mailing Address 820 N HINDEMAN ST

City
SISTERSState
ORZip Code
97759-3127FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1549.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700635

Amount of Each Receipt this Period

299.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEROTA, PEIR, , ,

Mailing Address 584 27TH ST

City
MANHATTAN BEACHState
CAZip Code
90266-2210FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680497

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SERRIS, PAUL, , ,

Mailing Address 16046 ALTA VISTA WAY

City
SAN JOSEState
CAZip Code
95127-1707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

301.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700637

Amount of Each Receipt this Period

211.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

610.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1787 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEVERANCE, CRAIG, , ,

Mailing Address 154 HONOLII PL

City
HILOState
HIZip Code
96720-2204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749728

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEVERANCE, CRAIG, , ,

Mailing Address 154 HONOLII PL

City
HILOState
HIZip Code
96720-2204FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749804

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEWARD, LUCIE, C, ,

Mailing Address 11145 LANDS END CHASE

City
PORT ST LUCIEState
FLZip Code
34986-3009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687807

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1788 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEWARD, LUCIE, C, ,

Mailing Address 11145 LANDS END CHASE

City
PORT ST LUCIEState
FLZip Code
34986-3009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724385**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEWELL, WILLIAM, , ,Mailing Address 5840 S STONY ISLAND AVE
APT 6FCity
CHICAGOState
ILZip Code
60637-2048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44797978**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEWELL, WILLIAM, , ,Mailing Address 5840 S STONY ISLAND AVE
APT 6FCity
CHICAGOState
ILZip Code
60637-2048FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44798116**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1789 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SEXTON, JAIMEY, , ,Mailing Address **758 N LARRABEE ST**
APT 521City
CHICAGOState
ILZip Code
60654-6449FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE SEXTON GROUPOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 04 / 2025**Transaction ID : 44649090**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SEXTON, JAIMEY, , ,Mailing Address **758 N LARRABEE ST**
APT 521City
CHICAGOState
ILZip Code
60654-6449FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE SEXTON GROUPOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44785251**

Amount of Each Receipt this Period

100.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEYBOLD, MARJORIE, , ,Mailing Address **11105 HIDDEN GLEN CIR**
APT 154City
SAN DIEGOState
CAZip Code
92131-1724FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 17 / 2025**Transaction ID : 44701951**

Amount of Each Receipt this Period

1000.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1200.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1790 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHABER, SARAH, , ,

Mailing Address 1717 PARK DR

City
RALEIGHState
NCZip Code
27605-1610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44664263**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHABER, SARAH, , ,

Mailing Address 1717 PARK DR

City
RALEIGHState
NCZip Code
27605-1610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794618**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAFFER, SHARON, J., ,

Mailing Address 8641 N MADSEN AVE

City
CLOVISState
CAZip Code
93619-9459FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MENDOTA UNIFIEDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44649094**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1791 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAFFER, SHARON, J., ,

Mailing Address 8641 N MADSEN AVE

City
CLOVISState
CAZip Code
93619-9459FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MENDOTA UNIFIEDOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782343

Amount of Each Receipt this Period

60.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAH, HASMUKH, , ,

Mailing Address 22 LUCERNE DR

City
ANDOVERState
MAZip Code
01810-1720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692444

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAH, HASMUKH, , ,

Mailing Address 22 LUCERNE DR

City
ANDOVERState
MAZip Code
01810-1720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725788

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1792 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAH, HASMUKH, , ,

Mailing Address 22 LUCERNE DR

City
ANDOVERState
MAZip Code
01810-1720FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725789

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAKOPEE MDEWAKANTON SIOUX COMMUNITY

Mailing Address 2330 SIOUX TRL NW

City
PRIOR LAKEState
MNZip Code
55372-9077FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44772335

Amount of Each Receipt this Period

44300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHANKLIN, JANET, , ,

Mailing Address 3881 WOODLAKE DR

City
BONITA SPRINGSState
FLZip Code
34134-8608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44640495

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1793 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHANKLIN, JANET, , ,

Mailing Address 3881 WOODLAKE DR

City
BONITA SPRINGSState
FLZip Code
34134-8608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717541

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHANKLIN, JANET, , ,

Mailing Address 3881 WOODLAKE DR

City
BONITA SPRINGSState
FLZip Code
34134-8608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725792

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHANKLIN, JANET, , ,

Mailing Address 3881 WOODLAKE DR

City
BONITA SPRINGSState
FLZip Code
34134-8608FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725793

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1794 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAPIRO, ELIZABETH, KLEIN, ,Mailing Address 3501 NORTHEAST PKWY
APT 3445City
LINCOLNWOODState
ILZip Code
60712-3762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795866

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657631

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44657632

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1795 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680511

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687810

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

690.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717584

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1796 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717586**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738863**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751849**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1797 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766274

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766719

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

880.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782759

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1798 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAPIRO, ROBERT, B., ,Mailing Address 24 W ERIE ST
APT 2City
CHICAGOState
ILZip Code
60654-5899FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANDBOX INDUSTRIES LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791666**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHARPLESS, THOMAS, W., ,

Mailing Address 7532 W TREASURE DR

City
NORTH BAY VILLAGEState
FLZip Code
33141-4118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729210**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHARPLESS, THOMAS, W., ,

Mailing Address 7532 W TREASURE DR

City
NORTH BAY VILLAGEState
FLZip Code
33141-4118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747310**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1799 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHATZ, CARLA, J., ,Mailing Address 620 SAND HILL RD
APT 314ECity
PALO ALTOState
CAZip Code
94304-2611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIA AT BERKELEYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732161**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAW, MICHAEL, H., ,

Mailing Address 304 INDIANA ST

City
LAWRENCEState
KSZip Code
66044-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF KANSASOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724475**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHAW, ROBERT, , ,

Mailing Address 4417 TIBBETT AVE

City
BRONXState
NYZip Code
10471-3415FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44657644**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1800 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHAW, ROLLIN, W, ,Mailing Address 514 E NEW JERSEY AVE
APT 5222City
SOUTHERN PINESState
NCZip Code
28387-3091FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789797**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHAW, THOMAS, F., ,

Mailing Address 419 CHESTERVILLE RD

City
LANDENBERGState
PAZip Code
19350-1545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681764**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEELA, JOHN, FRANCIS, ,

Mailing Address 1590 N CASTLE RD

City
SONOMAState
CAZip Code
95476-4863FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664846**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

765.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1801 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEELA, JOHN, FRANCIS, ,

Mailing Address 1590 N CASTLE RD

City
SONOMAState
CAZip Code
95476-4863FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44723689

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEETS, RUTH, , ,Mailing Address 100 WOODLAND POND CIR
APT 627City
NEW PALTZState
NYZip Code
12561-6422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ADMIN SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44667260

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEETS, RUTH, , ,Mailing Address 100 WOODLAND POND CIR
APT 627City
NEW PALTZState
NYZip Code
12561-6422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ADMIN SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675598

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

715.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1802 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEETS, RUTH, , ,Mailing Address 100 WOODLAND POND CIR
APT 627City
NEW PALTZState
NYZip Code
12561-6422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ADMIN SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751486

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEETS, RUTH, , ,Mailing Address 100 WOODLAND POND CIR
APT 627City
NEW PALTZState
NYZip Code
12561-6422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ADMIN SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782775

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEILS, FLORENCE, , ,

Mailing Address 406 KEENEY ST

City
MANCHESTERState
CTZip Code
06040-7072FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF CTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797436

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1803 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEK, WILLIAM, R., ,

Mailing Address 18 NOURSE ST

City
ARLINGTONState
MAZip Code
02474-2729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHARLES RIVER LABSOccupation (for Individual)
VETERINARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44782991

Amount of Each Receipt this Period

113.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHELAR, VICTORIA, , ,

Mailing Address 102 SYCAMORE LN

City
LEXINGTONState
VAZip Code
24450-1796FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44730971

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEN, LILIAN, , ,

Mailing Address 851 POOR FARM RD

City
THETFORD CENTERState
VTZip Code
05075-8952FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

211.67

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787629

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

688.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1804 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEN, VINCENT, , ,

Mailing Address 727 VENTURA WAY

City
MARSHALLState
MIZip Code
49068-9657FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780211

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEPHERD, BETH, , ,

Mailing Address 8111 MULBERRY LN

City
CHARLEVOIXState
MIZip Code
49720-9377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644261

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEPHERD, BETH, , ,

Mailing Address 8111 MULBERRY LN

City
CHARLEVOIXState
MIZip Code
49720-9377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644262

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1805 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEPHERD, KAREN, , ,

Mailing Address 8457 INVERGORDON CT

City
DUBLINState
OHZip Code
43017-9735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44657669

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEPHERD, KAREN, , ,

Mailing Address 8457 INVERGORDON CT

City
DUBLINState
OHZip Code
43017-9735FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHOTOGRAPHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744876

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEPP, DAVID, , ,

Mailing Address 7200 BYRNELEY LN

City
ANNANDALEState
VAZip Code
22003-6014FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. ARMY CORPS OF ENGINEERSOccupation (for Individual)
HYDROLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644263

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1806 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEPPARD, GREGORY, A., ,

Mailing Address 1868 MORELLA CIR

City
ROSEVILLEState
CAZip Code
95747-5016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731582**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHEPPARD, JOSEPH, L., ,

Mailing Address PO BOX 327

City
CUEROState
TXZip Code
77954-0327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1733.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692463**

Amount of Each Receipt this Period

254.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHEPPARD, JOSEPH, L., ,

Mailing Address PO BOX 327

City
CUEROState
TXZip Code
77954-0327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1958.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725806**

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

729.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1807 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHEPPARD, JOSEPH, L., ,

Mailing Address PO BOX 327

City
CUEROState
TXZip Code
77954-0327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2958.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801007**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHERER, BETSY, , ,

Mailing Address 35626 AVENUE G

City
YUCAIPAState
CAZip Code
92399-5143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794053**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHERMAN, EILEEN, R., ,

Mailing Address 3201 W ROXBORO RD NE

City
ATLANTAState
GAZip Code
30324-2565FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
GARDEN DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725809**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1808 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHERMAN, RICHARD, A, ,

Mailing Address 6576 BLUE MOUNTAIN RD

City
PORT ANGELESState
WAZip Code
98362-7144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAYBROOK UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44767911**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHERWIN, PAUL, , ,

Mailing Address 48 UPPER WHITFIELD RD

City
ACCORDState
NYZip Code
12404-5929FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44737280**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHIFREEN, RACHEL, , ,

Mailing Address 216 OAKDALE RD

City
BALTIMOREState
MDZip Code
21210-2556FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44752366**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1809 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIMANOFF, SHELDON, WILLIAM, ,Mailing Address 3475 S OCEAN BLVD
APT 202City
PALM BEACHState
FLZip Code
33480-5985FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723401**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHIMKIN, VICTOR, , ,

Mailing Address 184 ADAMS ST

City
DELMARState
NYZip Code
12054-3213FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NYS DHCROccupation (for Individual)
UNDERWRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771958**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHINSAKO, AMY, , ,

Mailing Address 780 BALRA DR

City
EL CERRITOState
CAZip Code
94530-3364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749654**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

787.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1810 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHIREY, JOHN, F., ,

Mailing Address 7711 RIVER LANDING DR

City
SACRAMENTOState
CAZip Code
95831-5782FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44654833**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHIRLEY, ANDREA, G., ,Mailing Address 501 LEXINGTON ST
UNIT 43City
WALTHAMState
MAZip Code
02452-3033FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44768352**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHORE, DEBRA, , ,

Mailing Address 9232 AVERS AVE

City
EVANSTONState
ILZip Code
60203-1502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHICAGO WILDERNESSOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44735204**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1811 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHORT, BILLIE, , ,

Mailing Address 1509 GALLATIN ST NE

City
WASHINGTONState
DCZip Code
20017-3128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHILDREN'S NAT'L MED CTROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44657692**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHORT, DAVID, , ,

Mailing Address 3156 SHOREWOOD DR

City
SAINT PAULState
MNZip Code
55112-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025**Transaction ID : 44677742**

Amount of Each Receipt this Period

1500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHORT, DAVID, , ,

Mailing Address 3156 SHOREWOOD DR

City
SAINT PAULState
MNZip Code
55112-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1550.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44725819**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1812 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHORT, DAVID, , ,

Mailing Address 3156 SHOREWOOD DR

City
SAINT PAULState
MNZip Code
55112-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742021**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHORT, DAVID, , ,

Mailing Address 3156 SHOREWOOD DR

City
SAINT PAULState
MNZip Code
55112-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768193**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHRAGG, HARRY, , ,

Mailing Address 6440 WILBUR AVE

City
RESEDAState
CAZip Code
91335-5934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717693**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1813 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHRAGG, HARRY, , ,

Mailing Address 6440 WILBUR AVE

City
RESEDAState
CAZip Code
91335-5934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749883**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHULER, ANN MARIE, , ,

Mailing Address 801 LYERLY RIDGE RD NW

City
CONCORDState
NCZip Code
28027-9404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757156**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHULTZ, GERALD, , ,Mailing Address 9921 W RIVERSIDE DR
APT 2314City
BOTHELLState
WAZip Code
98011-4404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686976**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1814 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIDDALL, ABIGAIL, T, ,Mailing Address 200 SILVER MAPLES DR
APT 1305City
CHELSEAState
MIZip Code
48118-1195FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700713**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIELING, JERRY, A, ,Mailing Address 5555 TANCHO DR
APT 314City
MADISONState
WIZip Code
53718-1931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753538**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIEVERS, MARK, , ,

Mailing Address 104 S HUDSON ST

City
ALEXANDRIAState
VAZip Code
22304-4936FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TETRATECHOccupation (for Individual)
ENYO ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733262**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1815 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIGNORELLA, MARGARET, , ,

Mailing Address 1513 PENNSBURY DR

City
WEST CHESTERState
PAZip Code
19382-7751FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PENN STATE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785783**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILBERMAN, WILLIAM, C., ,

Mailing Address 30 ORCHARD COVE LN

City
CALLAOState
VAZip Code
22435-2141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702394**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILBERMAN, WILLIAM, C., ,

Mailing Address 30 ORCHARD COVE LN

City
CALLAOState
VAZip Code
22435-2141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44793351**

Amount of Each Receipt this Period

40.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1816 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILFEN, THOMAS, , ,Mailing Address 2236 N LINCOLN PARK W
UNIT G3City
CHICAGOState
ILZip Code
60614-3814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640579**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILUK, DONNA, , ,

Mailing Address 24216 GLASGO RD

City
GRISWOLDState
CTZip Code
06351FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751040**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILVA, JEAN, , ,

Mailing Address 4894 OGRAM RD

City
SANTA BARBARAState
CAZip Code
93105-9732FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680545**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1817 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILVER, ANNE, , ,

Mailing Address PO BOX 243

City
CRESTONEState
COZip Code
81131-0243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717732

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILVER, ANNE, , ,

Mailing Address PO BOX 243

City
CRESTONEState
COZip Code
81131-0243FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730247

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILVER, FRANKLIN, , ,

Mailing Address 983 PARK LN

City
PIEDMONTState
CAZip Code
94610-1122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717739

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1818 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILVER, VICTORIA, , ,

Mailing Address 7 OWEN CT

City
IRVINEState
CAZip Code
92617-4040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44657716**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SILVER, VICTORIA, , ,

Mailing Address 7 OWEN CT

City
IRVINEState
CAZip Code
92617-4040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CALIFORNIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738037**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SILVERMAN, JEROME, , ,Mailing Address 6965 EL CAMINO REAL
STE 105City
CARLSBADState
CAZip Code
92009-4101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44722700**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1819 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SILVERSTEIN, HARRY, , ,

Mailing Address 1702 S ADAMS ST

City
SPOKANEState
WAZip Code
99203-1121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763335**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMILA, PATRICIA, D., ,Mailing Address 1810 20TH ST NE
STNECity
SALEMState
ORZip Code
97301-8130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724615**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMMONS, DAVID, E., ,

Mailing Address 623 STONE CIR

City
WATERTOWNState
NYZip Code
13601-3267FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44729350**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1820 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMMONS, IAN, T., ,Mailing Address 1 MIFFLIN PL
STE 400City
CAMBRIDGEState
MAZip Code
02138-4946FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734094**

Amount of Each Receipt this Period

44300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMMONS, SCOTT, , ,

Mailing Address 53 PALM AVE

City
WOODLANDState
CAZip Code
95695-2869FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759322**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMON, DANIEL, A., ,Mailing Address 2 COLUMBUS AVE
APT 37CCity
NEW YORKState
NYZip Code
10023-6933FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44675700**

Amount of Each Receipt this Period

15000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

59600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1821 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMON, MICHAEL, S., ,

Mailing Address 1060 BALDWIN AVE

City
ANN ARBORState
MIZip Code
48104-3504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WAYNE STATE UNIVERSITYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694124**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMONS, DAVID, , ,

Mailing Address 6516 WILMETT RD

City
BETHESDAState
MDZip Code
20817-2318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735291**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMONS, ELIZABETH, , ,

Mailing Address 383 WALSH RD

City
ATHERTONState
CAZip Code
94027-6456FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772320**

Amount of Each Receipt this Period

310100.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO ADDITIONAL
ACCOUNTS**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1822 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMOVICH, MARIE, , ,

Mailing Address PO BOX 298

City
BORREGO SPRINGSState
CAZip Code
92004-0298FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717760**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMPSON, CRAIG, , ,

Mailing Address 2505 LAKE JACKSON CIR

City
APOPKAState
FLZip Code
32703-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640608**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMPSON, CRAIG, , ,

Mailing Address 2505 LAKE JACKSON CIR

City
APOPKAState
FLZip Code
32703-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640609**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1823 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMPSON, CRAIG, , ,

Mailing Address 2505 LAKE JACKSON CIR

City
APOPKAState
FLZip Code
32703-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762236

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMPSON, CRAIG, , ,

Mailing Address 2505 LAKE JACKSON CIR

City
APOPKAState
FLZip Code
32703-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783212

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMPSON, CRAIG, , ,

Mailing Address 2505 LAKE JACKSON CIR

City
APOPKAState
FLZip Code
32703-5801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797028

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1824 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMPSON, DOROTHY, , ,

Mailing Address 825 MOUNT CURVE BLVD
UNIT 221City
SAINT PAULState
MNZip Code
55116-3405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644292

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMPSON, DOROTHY, , ,

Mailing Address 825 MOUNT CURVE BLVD
UNIT 221City
SAINT PAULState
MNZip Code
55116-3405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746310

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMPSON, MICHAEL, L., ,

Mailing Address 133 BRADFORD ST

City
SAN FRANCISCOState
CAZip Code
94110-5703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COGNELLA INC.Occupation (for Individual)
DIRECTOR OF BUSINESS DEVELOPM

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763892

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1825 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SIMPSON, NANCY, , ,

Mailing Address 4 MEADOW STREAM CT

City
BUFFALOState
NYZip Code
14226-3528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44760504**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIMPSON, WILLIAM, , , JR

Mailing Address 49 MONTAGU ST

City
CHARLESTONState
SCZip Code
29401-1738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687861**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINCLAIR, LANI, , ,

Mailing Address 105 PARK VALLEY RD

City
SILVER SPRINGState
MDZip Code
20910-5426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44780268**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1826 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINGER, ALAN, , ,

Mailing Address 1764 ROLLING LN

City
CHERRY HILLState
NJZip Code
08003-3324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MORGAN, LEWIS & BOCKIUS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680559

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGER, ALAN, , ,

Mailing Address 1764 ROLLING LN

City
CHERRY HILLState
NJZip Code
08003-3324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MORGAN, LEWIS & BOCKIUS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797578

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINGER, ROBERT, , ,

Mailing Address 15060 VENTURA BLVD

City
SHERMAN OAKSState
CAZip Code
91403-2402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEC 3RD PRODUCTIONSOccupation (for Individual)
TV PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700744

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1827 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINGER, ROBERT, , ,

Mailing Address 15060 VENTURA BLVD

City
SHERMAN OAKSState
CAZip Code
91403-2402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEC 3RD PRODUCTIONSOccupation (for Individual)
TV PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44734238**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SINGER, ROBERT, , ,

Mailing Address 15060 VENTURA BLVD

City
SHERMAN OAKSState
CAZip Code
91403-2402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEC 3RD PRODUCTIONSOccupation (for Individual)
TV PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44782190**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SINGER, ROBERT, , ,

Mailing Address 15060 VENTURA BLVD

City
SHERMAN OAKSState
CAZip Code
91403-2402FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEC 3RD PRODUCTIONSOccupation (for Individual)
TV PRODUCER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44790907**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1828 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SINGH, JASPREET, , ,

Mailing Address 10565 DOS TERCEIROS ST

City
ELK GROVEState
CAZip Code
95757-1802FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAW OFFICE OF JASPREET SINGHOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44748999**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SIU, DANIEL, , ,Mailing Address 500 ALAKAWA ST
RM 116ACity
HONOLULUState
HIZip Code
96817-5766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIU ELECTRICOccupation (for Individual)
ELECTRICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772220**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SJOLUND, CAROL, , ,

Mailing Address 6202 FAIRWAY BAY BLVD S

City
GULFPORTState
FLZip Code
33707-3974FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686096**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1829 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKEHEN, RICK, , ,

Mailing Address 414 ALLENWOOD CT

City
MANTECAState
CAZip Code
95336-2860FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733462**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SKEHEN, RICK, , ,

Mailing Address 414 ALLENWOOD CT

City
MANTECAState
CAZip Code
95336-2860FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783001**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SKELLY-HAUSLER, LYNDON, , ,

Mailing Address 8713 DUVALL ST

City
FAIRFAXState
VAZip Code
22031-2711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649152**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1830 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKELLY-HAUSLER, LYNDON, , ,

Mailing Address 8713 DUVALL ST

City
FAIRFAXState
VAZip Code
22031-2711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687872**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SKELLY-HAUSLER, LYNDON, , ,

Mailing Address 8713 DUVALL ST

City
FAIRFAXState
VAZip Code
22031-2711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725857**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SKIDMORE, JOEL, , ,

Mailing Address 202 EDGEWOOD AVE

City
SAN FRANCISCOState
CAZip Code
94117-3715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLEET GAZELLEOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686672**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1831 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKIDMORE, ROBERT, , ,

Mailing Address 175 DOREEN ST

City
PITTSFIELDState
MAZip Code
01201-4441FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44793454**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SKLAR, LEAH, , ,

Mailing Address 7515 WOODROW WILSON DR

City
LOS ANGELESState
CAZip Code
90046-1324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44649156**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SKLAR, LEAH, , ,

Mailing Address 7515 WOODROW WILSON DR

City
LOS ANGELESState
CAZip Code
90046-1324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44717809**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1832 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKLAR, LEAH, , ,

Mailing Address 7515 WOODROW WILSON DR

City
LOS ANGELESState
CAZip Code
90046-1324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725860**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SKOLNICK, ELLEN, R., ,

Mailing Address PO BOX 358

City
SOQUELState
CAZip Code
95073-0358FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644305**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SKURKA, JEROME, J, ,

Mailing Address 40 CENTURY DR

City
OSWEGOState
ILZip Code
60543-8930FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717814**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1833 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SKURKA, JEROME, J, ,

Mailing Address 40 CENTURY DR

City
OSWEGOState
ILZip Code
60543-8930FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44797473

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLAFF, SUSAN, , ,

Mailing Address 21 SQUIRE DR

City
LINCOLN PARKState
NJZip Code
07035-1511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664348

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLAP, LAURA, R, ,

Mailing Address 72 WESTERN AVE

City
KENNEBUNKState
MEZip Code
04043-7309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781680

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1834 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLAP, LAURA, R, ,

Mailing Address 72 WESTERN AVE

City
KENNEBUNKState
MEZip Code
04043-7309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790394**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLAP, LAURA, R, ,

Mailing Address 72 WESTERN AVE

City
KENNEBUNKState
MEZip Code
04043-7309FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794398**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City
RHINEBECKState
NYZip Code
12572FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

556.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649160**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1835 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

606.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681390

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

631.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44687877

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

646.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705839

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1836 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

651.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749495

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLATKIN, MARCIA, , ,

Mailing Address P0

BOX 484

City

RHINEBECK

State

NY

Zip Code

12572

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793707

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLAYDEN, MACK, D, ,

Mailing Address 44 SCARLET MAPLE LN

City

SAVANNAH

State

GA

Zip Code

31419-9889

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717825

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

20.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1837 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLAYDEN, MACK, D, ,

Mailing Address 44 SCARLET MAPLE LN

City
SAVANNAHState
GAZip Code
31419-9889FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717826

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLAYDEN, MACK, D, ,

Mailing Address 44 SCARLET MAPLE LN

City
SAVANNAHState
GAZip Code
31419-9889FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44735195

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLAYDEN, MACK, D, ,

Mailing Address 44 SCARLET MAPLE LN

City
SAVANNAHState
GAZip Code
31419-9889FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743757

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1838 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLEGER, PATRICIA, , ,

Mailing Address 1640 KENILWORTH AVE

City
BERWYNState
ILZip Code
60402-1611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FEDERAL GOVERNMENTOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44687881

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLEVEN, PAUL, , ,Mailing Address 160 CABRINI BLVD
APT 31City
NEW YORKState
NYZip Code
10033-1143FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HELTZBRINCK PUB HOLDINGSOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44717832

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLINGERLAND, KATHRYN, , ,

Mailing Address 1561 SE SUNSHINE AVE

City
PORT SAINT LUCIEState
FLZip Code
34952-6011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

206.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791364

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

510.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1839 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SLOAN, CONNIE, L., ,

Mailing Address 21815 CEDAR GROVE LN

City
CLATSKANIEState
ORZip Code
97016-2502FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44753789

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SLOANE, TODD, , ,

Mailing Address 70 KINGWOOD DR

City
LITTLE FALLSState
NJZip Code
07424-2412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CRAIN COMMUNICATIONSOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737126

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLYE, PAUL, , ,

Mailing Address 12445 DEERBROOK LN

City
LOS ANGELESState
CAZip Code
90049-1911FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PINNACLECMS LLCOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664364

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1840 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMALL, EDNA, , ,Mailing Address 2216 38TH ST NW
STNWCity
WASHINGTONState
DCZip Code
20007-1707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687887**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMILEY, TIARE, , ,

Mailing Address 203 HILLSTONE DR

City
RALEIGHState
NCZip Code
27615-4911FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797123**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, BILL, , ,

Mailing Address 4420 LONG PINE LAKE DR

City
LOVELANDState
COZip Code
80538-7153FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796516**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1841 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, CARL, , ,Mailing Address 12598 CENTRAL AVE
STE 109City
CHINOState
CAZip Code
91710-3500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44687891**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, CHRISTOPHER, T., ,

Mailing Address 3935 MORRISON ST NW

City
WASHINGTONState
DCZip Code
20015-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCCKOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44717900**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, CHRISTOPHER, T., ,

Mailing Address 3935 MORRISON ST NW

City
WASHINGTONState
DCZip Code
20015-2944FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SCCKOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44796786**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1842 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, EARL, J., ,

Mailing Address 209 57TH AVE S

City
SAINT PETERSBURGState
FLZip Code
33705-5446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786871

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, EARL, J., ,

Mailing Address 209 57TH AVE S

City
SAINT PETERSBURGState
FLZip Code
33705-5446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794824

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, ELIZABETH, , ,

Mailing Address 2600 LIVE OAK LN

City
PLANOState
TXZip Code
75075-3110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664381

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1843 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, ELIZABETH, , ,

Mailing Address 2600 LIVE OAK LN

City
PLANOState
TXZip Code
75075-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675834

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, ELIZABETH, , ,

Mailing Address 2600 LIVE OAK LN

City
PLANOState
TXZip Code
75075-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44717937

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, ELIZABETH, , ,

Mailing Address 2600 LIVE OAK LN

City
PLANOState
TXZip Code
75075-3110FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725884

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1844 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, ELIZABETH, , ,

Mailing Address 2600 LIVE OAK LN

City
PLANOState
TXZip Code
75075-3110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742992**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, GEORGE, , ,

Mailing Address 6153 CARRANZA DR

City
JACKSONVILLEState
FLZip Code
32216-4403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686545**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, GREGORY, , ,

Mailing Address 9394 COLORADO AVE

City
FRANKFORTState
ILZip Code
60423-3522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANOINTED HEALTH PARTNERSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744872**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

455.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1845 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, HAROLD, , ,

Mailing Address 130 BROOKS DR

City
TYRONEState
GAZip Code
30290-2408FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738290

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, JAMES, F., ,

Mailing Address 4 KINGS GRANT RD

City
HOCKESSINState
DEZip Code
19707-1207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44686095

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, JED, , ,

Mailing Address 400 PACIFIC AVE

City
SAN FRANCISCOState
CAZip Code
94133-4646FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CATAMOUNT VENTURESOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44660715

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1846 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, LARRY, S., ,

Mailing Address 1600 COBBLESTONE CT

City
MONTGOMERYState
ALZip Code
36117-1702FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760370**

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, LINDA, A., ,

Mailing Address 983 COUNTY ROAD 900 E

City
CHAMPAIGNState
ILZip Code
61822-9641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765775**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, LYNETTE, , ,

Mailing Address 3780 SIOUX LN

City
MADISON LAKEState
MNZip Code
56063-9528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723387**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1847 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, MASON, , ,

Mailing Address 5956 S RICHFIELD CT

City
AURORAState
COZip Code
80016-3230FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44717888**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, NANCY, T, ,

Mailing Address 17 WADSWORTH LN

City
SOUTH DARTMOUTHState
MAZip Code
02748-1031FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680590**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, RITA, , ,

Mailing Address 1141 REBECCA CIR

City
LADY LAKEState
FLZip Code
32159-2157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732218**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1848 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, RITA, , ,

Mailing Address 1141 REBECCA CIR

City
LADY LAKEState
FLZip Code
32159-2157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771632**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, ROGER, A., ,

Mailing Address 3941 ORANGEWOOD DR

City
FAIR OAKSState
CAZip Code
95628-7409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686710**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, STANLEY, , ,

Mailing Address 17767 E RIRIE HWY

City
RIRIEState
IDZip Code
83443-5015FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686713**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1849 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, STEVEN, C, ,

Mailing Address 509 POPPY HILL RD

City
WATSONVILLEState
CAZip Code
95076-6302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SALUD PARA LA GENTEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799594**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, SUZELLE, , ,Mailing Address 523 W 6TH ST
STE 728City
LOS ANGELESState
CAZip Code
90014-1223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733275**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, SUZELLE, , ,Mailing Address 523 W 6TH ST
STE 728City
LOS ANGELESState
CAZip Code
90014-1223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761842**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1850 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, TERRY, N., ,

Mailing Address 312 ANDOVER LN SE

City
CEDAR RAPIDSState
IAZip Code
52403-2063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759311**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, TERRY, N., ,

Mailing Address 312 ANDOVER LN SE

City
CEDAR RAPIDSState
IAZip Code
52403-2063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760821**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH, THOMAS, , ,Mailing Address 70 SEMINARY AVE
APT 180City
AUBURNDALEState
MAZip Code
02466-2631FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

628.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664404**

Amount of Each Receipt this Period

157.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

357.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1851 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, TINA, , ,

Mailing Address 5926 CLARIDGE DR

City
HOUSTONState
TXZip Code
77096-5823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767686**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMITH, WILLIAM, M., ,

Mailing Address 204 S KING CHARLES RD

City
RALEIGHState
NCZip Code
27610-2737FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771310**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SMITH-LONTZ, JOHN, , ,

Mailing Address 1230 TWIN PEAKS CIR

City
LONGMONTState
COZip Code
80503-2172FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TRAILWINDS HOSPICEOccupation (for Individual)
HOSPICE CHAPLAIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664412**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1852 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMOKLER, PAUL, E., ,

Mailing Address 2713 VISTA CIR

City
CAMARILLOState
CAZip Code
93010-3543FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731326**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMYKOWSKI, PATRICIA, , ,

Mailing Address 6932 S CHAMPIONSHIP DR

City
CHANDLERState
AZZip Code
85249-8754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748573**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SNOW, EDIE, , ,

Mailing Address 46 PERCIVAL ST

City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

623.33

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649196**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1853 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNOW, EDIE, , ,

Mailing Address 46 PERCIVAL ST

City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675859

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNOW, EDIE, , ,

Mailing Address 46 PERCIVAL ST

City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675862

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SNOW, EDIE, , ,

Mailing Address 46 PERCIVAL ST

City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

798.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692575

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1854 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.66

Date of Receipt

02 / 16 / 2025**Transaction ID : 44717968**

Amount of Each Receipt this Period

3.33☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.66

Date of Receipt

02 / 19 / 2025**Transaction ID : 44730288**

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

876.66

Date of Receipt

02 / 20 / 2025**Transaction ID : 44733411**

Amount of Each Receipt this Period

25.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**78.33**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1855 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.66

Date of Receipt

02 / 23 / 2025**Transaction ID : 44735805**

Amount of Each Receipt this Period

150.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1046.66

Date of Receipt

02 / 24 / 2025**Transaction ID : 44751504**

Amount of Each Receipt this Period

20.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SNOW, EDIE, , ,Mailing Address **46 PERCIVAL ST**City
DORCHESTERState
MAZip Code
02122-1726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATHWAYS TO WELLNESSOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1196.66

Date of Receipt

02 / 28 / 2025**Transaction ID : 44800786**

Amount of Each Receipt this Period

150.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**320.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1856 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNYDER, CATHERINE, , ,

Mailing Address 6271 ALLISONVILLE RD

City
INDIANAPOLISState
INZip Code
46220-4509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INDIANA UNIVERSITY HEALTHOccupation (for Individual)
MEDICAL TECHNOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729230**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SNYDER, DAVID, , ,

Mailing Address 1523 FIELDSTONE DR

City
MOUNT JOYState
PAZip Code
17552-7258FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44767373**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SNYDER, DEBORAH, , ,

Mailing Address 175 HUNTER WOODS DR

City
OXFORDState
OHZip Code
45056-9561FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799214**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

565.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1857 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SNYDER, DEBORAH, , ,

Mailing Address 175 HUNTER WOODS DR

City
OXFORDState
OHZip Code
45056-9561FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800571**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLBERG, JEROME, , ,

Mailing Address 1622 FAIRVIEW ST

City
BERKELEYState
CAZip Code
94703-2320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAWRENCE LIVERMORE NATIONAL LABORATORYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735072**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOLEMSLIE BO, MAUREEN, , ,

Mailing Address 419 GARFIELD ST

City
SEATTLEState
WAZip Code
98109-2908FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747784**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1858 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOLIZ, SUSAN, , ,

Mailing Address 7718 QUINTANA DR NE

City
ALBUQUERQUEState
NMZip Code
87109-6438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748469**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLOMON, CHERYL, R, ,Mailing Address 1512 EAGLE RIDGE RD NE
BECity
ALBUQUERQUEState
NMZip Code
87122-1155FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784794**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOLOMON, DORIS, , ,Mailing Address 710 W END AVE
APT 10CCity
NEW YORKState
NYZip Code
10025-6808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748815**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1859 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOLOMON, ELIZABETH, , ,

Mailing Address 626 E BARCELONA RD

City
SANTA FEState
NMZip Code
87505-0323FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692588**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOLTYS, STEPHEN, , ,

Mailing Address 1011 RYAN CT

City
IOWA CITYState
IAZip Code
52246-2847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644353**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOLTZBERG, LEONARD, , ,

Mailing Address 16 ALFRETON RD

City
NEEDHAM HGTSState
MAZip Code
02494-1609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685227**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1860 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOMMERFIELD, LINDA, , ,Mailing Address 1021 N GARFIELD ST
APT 541City
ARLINGTONState
VAZip Code
22201-2575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U FLORIDAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692591

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOMMERFIELD, LINDA, , ,Mailing Address 1021 N GARFIELD ST
APT 541City
ARLINGTONState
VAZip Code
22201-2575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U FLORIDAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725906

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOMMERFIELD, LINDA, , ,Mailing Address 1021 N GARFIELD ST
APT 541City
ARLINGTONState
VAZip Code
22201-2575FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U FLORIDAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751221

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1861 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SONBERG, VIVECA, , ,

Mailing Address 4302 WAYCROSS DR

City
HOUSTONState
TXZip Code
77035-3822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.55

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718016

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SONBERG, VIVECA, , ,

Mailing Address 4302 WAYCROSS DR

City
HOUSTONState
TXZip Code
77035-3822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.55

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44761690

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SONDHEIM, JOHN, W, ,Mailing Address 830 W 40TH ST
APT 521City
BALTIMOREState
MDZip Code
21211-2129FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ENOCH PRATT FREE LIBRARYOccupation (for Individual)
LIBRARIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718017

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1862 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785082

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787283

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787310

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1863 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44792034

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794389

Amount of Each Receipt this Period

8.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SORETT, EVAN, , ,

Mailing Address 17 LEONARD PL

City
SEA CLIFFState
NYZip Code
11579-2011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NASSAU CHEST PHYSICIANSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795778

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1864 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SORSHER, ALAN, , ,

Mailing Address 204 E BAY STATE ST
APT ECity
ALHAMBRAState
CAZip Code
91801-3968FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44700863

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOUTHARD, JEAN, K., ,

Mailing Address 15 OLD ELM ST

City
MANSFIELDState
MAZip Code
02048-2018FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIRST PRESBYTERIAN CHURCHOccupation (for Individual)
CLERGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44675920

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SOUTHER, MARY, B., ,

Mailing Address 6799 SUMMERLYN LAKES DR

City
LAMBERTVILLEState
MIZip Code
48144-0047FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694217

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1865 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SOWDER, JUDITH, , ,Mailing Address 849 COAST BLVD
13City
LA JOLLAState
CAZip Code
92037-4223FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640748**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPADONI, JAMES, , ,Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649218**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPADONI, JAMES, , ,Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659594**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1866 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPADONI, JAMES, , ,Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659595**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPADONI, JAMES, , ,Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659596**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPADONI, JAMES, , ,Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718039**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1867 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPADONI, JAMES, , ,

Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718040

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPADONI, JAMES, , ,

Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770282

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPADONI, JAMES, , ,

Mailing Address 14000 HOOD CIR
APT 101City
MARTINSBURGState
WVZip Code
25403-1347FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783227

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1868 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPALDING, JAMES, S, ,

Mailing Address 2633 EASTHAVEN CIR

City
ANCHORAGEState
AKZip Code
99508-6701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALASKA HOUSING FINANCE CORPORATIONOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788821**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPANG, MICHAEL, , ,Mailing Address 35 CLUB RD
APT 323City
EUGENEState
ORZip Code
97401-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2165.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718042**

Amount of Each Receipt this Period

375.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPANG, MICHAEL, , ,Mailing Address 35 CLUB RD
APT 323City
EUGENEState
ORZip Code
97401-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2180.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742028**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

490.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1869 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPANG, MICHAEL, , ,Mailing Address 35 CLUB RD
APT 323City
EUGENEState
ORZip Code
97401-7949FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785114**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPANG, SARA, , ,Mailing Address 1850 SAND HILL RD
APT 29City
PALO ALTOState
CAZip Code
94304-2147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KELLER WILLIAMS AND J.MCLAUHLINOccupation (for Individual)
REAL ESTATE AND RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680629**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPANG, SARA, , ,Mailing Address 1850 SAND HILL RD
APT 29City
PALO ALTOState
CAZip Code
94304-2147FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KELLER WILLIAMS AND J.MCLAUHLINOccupation (for Individual)
REAL ESTATE AND RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786218**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1870 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPANN, JIM, , ,

Mailing Address 580 TRIBECA CT

City
CHARLESTONState
SCZip Code
29414-9023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664451**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPANN, JIM, , ,

Mailing Address 580 TRIBECA CT

City
CHARLESTONState
SCZip Code
29414-9023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44687936**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPANN, JIM, , ,

Mailing Address 580 TRIBECA CT

City
CHARLESTONState
SCZip Code
29414-9023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725924**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1871 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPANN, JIM, , ,

Mailing Address 580 TRIBECA CT

City
CHARLESTONState
SCZip Code
29414-9023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740325

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPARKS, MARVIE, , ,

Mailing Address 6890 S TACKWEED WAY

City
TUCSONState
AZZip Code
85756-5141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SE INCOccupation (for Individual)
LAN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1021.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44649219

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPARKS, MARVIE, , ,

Mailing Address 6890 S TACKWEED WAY

City
TUCSONState
AZZip Code
85756-5141FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SE INCOccupation (for Individual)
LAN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

21.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44760941

Amount of Each Receipt this Period

- 1000.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1872 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPARLING, SAUNDRA, , ,Mailing Address 12490 W FIELDING CIR
APT 630City
PLAYA VISTAState
CAZip Code
90094-3041FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718046

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPAS, APRIL, L, ,

Mailing Address 4310 DUPONT AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55409-1717

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664454

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPAS, APRIL, L, ,

Mailing Address 4310 DUPONT AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55409-1717

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44675928

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1873 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPAS, APRIL, L, ,

Mailing Address 4310 DUPONT AVE S

City
MINNEAPOLISState
MNZip Code
55409-1717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718047**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPAS, APRIL, L, ,

Mailing Address 4310 DUPONT AVE S

City
MINNEAPOLISState
MNZip Code
55409-1717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718048**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPAS, APRIL, L, ,

Mailing Address 4310 DUPONT AVE S

City
MINNEAPOLISState
MNZip Code
55409-1717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799249**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1874 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPEIGHT, CHAD, T, ,

Mailing Address 3502 DENNETT DR
APT 204City
MADISONState
WIZip Code
53714-2854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAD'S CARPENTRYOccupation (for Individual)
REMODELING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44706596

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEIGHT, CHAD, T, ,

Mailing Address 3502 DENNETT DR
APT 204City
MADISONState
WIZip Code
53714-2854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAD'S CARPENTRYOccupation (for Individual)
REMODELING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44744696

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPEIGHT, CHAD, T, ,

Mailing Address 3502 DENNETT DR
APT 204City
MADISONState
WIZip Code
53714-2854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHAD'S CARPENTRYOccupation (for Individual)
REMODELING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754302

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1875 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPEIGHT, CHAD, T, ,Mailing Address 3502 DENNETT DR
APT 204City
MADISONState
WIZip Code
53714-2854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHAD'S CARPENTRYOccupation (for Individual)
REMODELING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787932

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPEIGHT, CHAD, T, ,Mailing Address 3502 DENNETT DR
APT 204City
MADISONState
WIZip Code
53714-2854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CHAD'S CARPENTRYOccupation (for Individual)
REMODELING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798430

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPENCE, DORCHELLE, , ,

Mailing Address 1766 FOREST AVE

City
MEMPHISState
TNZip Code
38112-5009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SPENCE LAW FIRMOccupation (for Individual)
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700876

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1876 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPENCER, DARRELL, , ,

Mailing Address 7713 MCLAREN AVE

City
WEST HILLSState
CAZip Code
91304-3632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRUMP LIFE INSURANCEOccupation (for Individual)
DIRECTOR CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692618

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPENCER, DARRELL, , ,

Mailing Address 7713 MCLAREN AVE

City
WEST HILLSState
CAZip Code
91304-3632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRUMP LIFE INSURANCEOccupation (for Individual)
DIRECTOR CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44705916

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPENCER, DARRELL, , ,

Mailing Address 7713 MCLAREN AVE

City
WEST HILLSState
CAZip Code
91304-3632FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CRUMP LIFE INSURANCEOccupation (for Individual)
DIRECTOR CLIENT SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751495

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1877 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPENCER, JAMES, H, ,

Mailing Address 10634 ART ST

City
SUNLANDState
CAZip Code
91040-1304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762257

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPENCER, JOHN, , ,

Mailing Address 9925 N DAVIES RD

City
LAKE STEVENSState
WAZip Code
98258-8565FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CH2M HILL, INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44745621

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPERTUS, PHILIP, , ,Mailing Address 901 W 9TH ST
APT 1101City
AUSTINState
TXZip Code
78703-4641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718072

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1878 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPERTUS, PHILIP, , ,Mailing Address 901 W 9TH ST
APT 1101City
AUSTINState
TXZip Code
78703-4641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718073**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPERTUS, PHILIP, , ,Mailing Address 901 W 9TH ST
APT 1101City
AUSTINState
TXZip Code
78703-4641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725934**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPODEK, SERGIO, , ,Mailing Address 26 HORSESHOE CIR
APT 5City
OSSININGState
NYZip Code
10562-2029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DMB PROPERTIES INC.Occupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44659619**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1879 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPODEK, SERGIO, , ,Mailing Address 26 HORSESHOE CIR
APT 5City
OSSININGState
NYZip Code
10562-2029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DMB PROPERTIES INC.Occupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680649

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPODEK, SERGIO, , ,Mailing Address 26 HORSESHOE CIR
APT 5City
OSSININGState
NYZip Code
10562-2029FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DMB PROPERTIES INC.Occupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44692630

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPOMER, ELIZABETH, G., ,

Mailing Address 2219 SUNSET BLVD

City
HOUSTONState
TXZip Code
77005-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44640773

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1880 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPOMER, ELIZABETH, G., ,

Mailing Address 2219 SUNSET BLVD

City
HOUSTONState
TXZip Code
77005-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44640774**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPOMER, ELIZABETH, G., ,

Mailing Address 2219 SUNSET BLVD

City
HOUSTONState
TXZip Code
77005-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44798181**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SPURR, CHARLES, , ,

Mailing Address 139 BROADWAY ST

City
WAKEFIELDState
MAZip Code
01880-3105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAYAKOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718104**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1881 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPURR, CHARLES, , ,

Mailing Address 139 BROADWAY ST

City
WAKEFIELDState
MAZip Code
01880-3105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAYAKOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737977**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SPURR, CHARLES, , ,

Mailing Address 139 BROADWAY ST

City
WAKEFIELDState
MAZip Code
01880-3105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAYAKOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767843**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAHL, STACY, , ,

Mailing Address 2515 FLAGLER AVE

City
KEY WESTState
FLZip Code
33040-3934FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
REALTY ONE GROUP DESTINATIONOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44807081**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1882 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAHLEY, BOB, , ,

Mailing Address 2699 SILVER QUEEN RD

City
ELLENWOODState
GAZip Code
30294-3975FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORFOLK SOUTHERNOccupation (for Individual)
RAILROAD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798220

Amount of Each Receipt this Period

350.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STALEY, CHARLES, , ,

Mailing Address 200 VINTAGE CIR

City
NAPLESState
FLZip Code
34119-4774FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684153

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659636

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

530.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1883 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44675987**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692640**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718121**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1884 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724689

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725949

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44752725

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1885 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STALKER, SUSAN, , ,

Mailing Address 801 BRYAN CT

City
CHESAPEAKEState
VAZip Code
23320-8311FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782768**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STALLWORTH, OTTO, , , JRMailing Address 13157 MINDANAO WAY
492City
MARINA DEL REYState
CAZip Code
90292-6307FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737814**

Amount of Each Receipt this Period

188.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STALLWORTH, OTTO, , , JRMailing Address 13157 MINDANAO WAY
492City
MARINA DEL REYState
CAZip Code
90292-6307FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

413.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794658**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

313.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1886 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAMETS, LEIGH, , ,

Mailing Address 5718 CYPRESS AVE

City
CARMICHAELState
CAZip Code
95608-1324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737375**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAMETS, LEIGH, , ,

Mailing Address 5718 CYPRESS AVE

City
CARMICHAELState
CAZip Code
95608-1324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790385**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STAMPLEMAN, ARTHUR, H., ,

Mailing Address 8 STONE FALLS CT

City
PORT CHESTERState
NYZip Code
10573-1900FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731869**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1887 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700916

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718143

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44725954

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1888 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44725955**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740419**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

410.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44742144**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1889 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STANLEY, JANE, K., ,

Mailing Address 7407 DENTON RD

City
BETHESDAState
MDZip Code
20814-2339FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795990

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STANLEY, LEE, J., ,

Mailing Address 3725 HELEN ST

City
BETHLEHEMState
PAZip Code
18017-1021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LEHIGH UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796711

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STANOSZ, DAVID, J., ,

Mailing Address 200 S PARK BLVD

City
BROOKFIELDState
WIZip Code
53005-6463FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681699

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1890 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STARKER, B BOND, , ,

Mailing Address 4180 SW BROOKLANE DR

City
CORVALLISState
ORZip Code
97333-1457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44700928**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STARKS, KISSANDRA, , ,

Mailing Address 327 W 105TH ST

City
CHICAGOState
ILZip Code
60628-2519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPT OF REHABILITATION SERVICEOccupation (for Individual)
PHYSICAL THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702464**

Amount of Each Receipt this Period

260.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STARR, DAVID, , ,

Mailing Address 55 HORIZON CIR

City
SOUTH WINDSORState
CTZip Code
06074-3818FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718156**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

910.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1891 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STARZENSKI, KATHLEEN, , ,Mailing Address 400 DAVIS ST
APT 109City
SAN LEANDROState
CAZip Code
94577-2762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44705938**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STARZENSKI, KATHLEEN, , ,Mailing Address 400 DAVIS ST
APT 109City
SAN LEANDROState
CAZip Code
94577-2762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745756**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STARZENSKI, KATHLEEN, , ,Mailing Address 400 DAVIS ST
APT 109City
SAN LEANDROState
CAZip Code
94577-2762FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770685**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1892 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STATLER, STEPHEN, , ,

Mailing Address PO BOX 18555

City
CLEVELANDState
OHZip Code
44118-0555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025Transaction ID : **44664484**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STATLER, STEPHEN, , ,

Mailing Address PO BOX 18555

City
CLEVELANDState
OHZip Code
44118-0555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025Transaction ID : **44736730**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STATLER, STEPHEN, , ,

Mailing Address PO BOX 18555

City
CLEVELANDState
OHZip Code
44118-0555FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025Transaction ID : **44750997**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1893 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STAVIS, GEORGE, , ,

Mailing Address 55 APPLETON PL

City
DOBBS FERRYState
NYZip Code
10522-2908FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KATSKY KORINS LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734339**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEEL-HOUSE, JEANETTE, , ,

Mailing Address 502 NW WILLAMETTE CT

City
MCMINNVILLEState
ORZip Code
97128-9525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747198**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEEL-HOUSE, JEANETTE, , ,

Mailing Address 502 NW WILLAMETTE CT

City
MCMINNVILLEState
ORZip Code
97128-9525FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747796**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1894 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEFFAN, ANDREW, , ,

Mailing Address 160 E 72ND ST

City
NEW YORKState
NYZip Code
10021-4364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740839**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEHR, JOANN, , ,

Mailing Address 541 LAKE MUREX CIR

City
SANIBELState
FLZip Code
33957-5522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44692653**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEHR, JOANN, , ,

Mailing Address 541 LAKE MUREX CIR

City
SANIBELState
FLZip Code
33957-5522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44730322**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1895 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEHR, JOANN, , ,

Mailing Address 541 LAKE MUREX CIR

City
SANIBELState
FLZip Code
33957-5522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44752701

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEHR, JOANN, , ,

Mailing Address 541 LAKE MUREX CIR

City
SANIBELState
FLZip Code
33957-5522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799878

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEIERT, JERRY, CARL, ,

Mailing Address 510 STATE ST S

City
KIRKLANDState
WAZip Code
98033-6604FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664494

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1896 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEIERT, JERRY, CARL, ,

Mailing Address 510 STATE ST S

City
KIRKLANDState
WAZip Code
98033-6604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664495

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEIERT, JERRY, CARL, ,

Mailing Address 510 STATE ST S

City
KIRKLANDState
WAZip Code
98033-6604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676029

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEIERT, JERRY, CARL, ,

Mailing Address 510 STATE ST S

City
KIRKLANDState
WAZip Code
98033-6604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44725961

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1897 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEIN, GRETCHEN, H, ,

Mailing Address 555 JACK PINE CT

City
BOULDERState
COZip Code
80304-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF COLORADOOccupation (for Individual)
BIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785060

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEIN, GRETCHEN, H, ,

Mailing Address 555 JACK PINE CT

City
BOULDERState
COZip Code
80304-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF COLORADOOccupation (for Individual)
BIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800714

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEIN, MARSHALL, , ,Mailing Address 250 HAMMOND POND PKWY
APT 908SCity
CHESTNUT HILLState
MAZip Code
02467-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOVELIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718180

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1898 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEIN, MARSHALL, , ,Mailing Address 250 HAMMOND POND PKWY
APT 908SCity
CHESTNUT HILLState
MAZip Code
02467-1514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOVELIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44749256

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEINBERG, BETH, , ,

Mailing Address 45 CATALPA AVE

City
MILL VALLEYState
CAZip Code
94941-2801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENEFITSOccupation (for Individual)
CHIEF PEOPLE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788303

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEINBERG, BETH, , ,

Mailing Address 45 CATALPA AVE

City
MILL VALLEYState
CAZip Code
94941-2801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ZENEFITSOccupation (for Individual)
CHIEF PEOPLE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789587

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1899 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEINER, PAMELA, , ,

Mailing Address 28 MADISON ST

City
CAMBRIDGEState
MAZip Code
02138-2314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767614**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEINMEYER, HARRY, , ,

Mailing Address 948 WILLIAMSBURG ST

City
WESTMONTState
ILZip Code
60559-1070FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750188**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STENGEL, ELLEN, , ,

Mailing Address 3186 SCHICHTL DR

City
CONWAYState
ARZip Code
72034-7251FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733827**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

463.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STENGEL, ELLEN, , ,

Mailing Address 3186 SCHICHTL DR

City
CONWAYState
ARZip Code
72034-7251FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734239

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STENSON, KRIS, , ,

Mailing Address 10262 E WINDRUNNER DR

City
SCOTTSDALEState
AZZip Code
85255-7114FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718196

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPAN, BRAD, , ,

Mailing Address 3332 EMERSON AVE S

City
MINNEAPOLISState
MNZip Code
55408-3527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
DIRECTOR OF NORTH AMERICAN OF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44700948

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1901 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEPAN, BRAD, , ,

Mailing Address 3332 EMERSON AVE S

City
MINNEAPOLISState
MNZip Code
55408-3527FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MINNESOTAOccupation (for Individual)
DIRECTOR OF NORTH AMERICAN OI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746074**

Amount of Each Receipt this Period

141.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEPHENS, BONNIE, , ,

Mailing Address 63 CEDAR ST

City
STONY BROOKState
NYZip Code
11790-1733FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STONY BROOK UNIVERSITYOccupation (for Individual)
STAFF ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794030**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STEPHENS, FRED, , ,

Mailing Address 109 CALDWELL DR

City
OAK RIDGEState
TNZip Code
37830-7740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOTHERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723946**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

791.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1902 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEPHENS, MARY ANN, , ,

Mailing Address 819 STONEWATER DR

City
KENTState
OHZip Code
44240-2052FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44725970**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEPHENS, ROGER, , ,

Mailing Address 121 BEVERLY PL

City
OAKWOODState
OHZip Code
45419-3404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681733**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERLING, RICHARD, , ,

Mailing Address 9640 AVOCET LN

City
LAFAYETTEState
COZip Code
80026-9737FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STERLING-RICE GROUPOccupation (for Individual)
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676052**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1903 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STERN, BRADFORD, , ,Mailing Address 30 WILDWOOD DR
APT 83City
GEORGETOWNState
TXZip Code
78633-5329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PROS INC.Occupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737314

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STERN, MICHAEL, S, ,

Mailing Address 20409 HIGHLAND HALL DR

City
MONTGOMERY VILLAGEState
MDZip Code
20886-4004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STERN, GREENBAUM, KRANTZ AND SCHWARTZ,Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44796644

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERN, MICHAEL, S, ,

Mailing Address 20409 HIGHLAND HALL DR

City
MONTGOMERY VILLAGEState
MDZip Code
20886-4004FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STERN, GREENBAUM, KRANTZ AND SCHWARTZ,Occupation (for Individual)
DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801287

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1904 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STERN, MICHAEL, S, ,

Mailing Address 20409 HIGHLAND HALL DR

City
MONTGOMERY VILLAGEState
MDZip Code
20886-4004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

STERN, GREENBAUM, KRANTZ AND SCHWARTZ,

Occupation (for Individual)

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801325

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STERNBERG, SAUL, , ,

Mailing Address 2106 LOMBARD ST

City
PHILADELPHIAState
PAZip Code
19146-1217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737772

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STERNIG, ELLEN, L., ,

Mailing Address 620 WILLOWICK CT

UNIT D

City
BROOKFIELDState
WIZip Code
53045-3703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

LEARNING EXCHANGE

Occupation (for Individual)

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729227

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1905 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STERRITT, JOHN, , ,

Mailing Address 398 W HAZELHURST ST

City
FERNDALState
MIZip Code
48220-3310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768790

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STERRITT, JOHN, , ,

Mailing Address 398 W HAZELHURST ST

City
FERNDALState
MIZip Code
48220-3310FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768959

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STETTLER, DENNIS, , ,

Mailing Address 7917 CYRUS PL

City
EDMONDSState
WAZip Code
98026-5027FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TERRACONOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676065

Amount of Each Receipt this Period

175.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

204.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1906 OF 2977

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STEWART, CHRISTOPHER, , ,

Mailing Address 358 N 96TH ST

City
LOUISVILLEState
COZip Code
80027-2500FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760349**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STEWART, KATHERINE, J., ,

Mailing Address 11011 QUEENS BLVD

City
FOREST HILLSState
NYZip Code
11375-7471FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WOMEN IN NEED, INC.Occupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44807633**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STIEFEL, CATHERINE, , ,

Mailing Address 809 SAN ANTONIO PL

City
SAN DIEGOState
CAZip Code
92106-3020FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772209**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1907 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STIEFVATER, LAIRD, , ,

Mailing Address 7 W 96TH ST

City
NEW YORKState
NYZip Code
10025-6540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OGILVYOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735131**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STIEFVATER, LAIRD, , ,

Mailing Address 7 W 96TH ST

City
NEW YORKState
NYZip Code
10025-6540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OGILVYOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794034**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STIEFVATER, LAIRD, , ,

Mailing Address 7 W 96TH ST

City
NEW YORKState
NYZip Code
10025-6540FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OGILVYOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794884**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1908 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STINEMETZ, CHARLES, , ,Mailing Address 6329 WALLARD DR
APT BCity
INDIANAPOLISState
INZip Code
46224-4442FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753262**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STINETORF, MICHAEL, , ,

Mailing Address 6140 BERKINSHAW DR

City
CINCINNATIState
OHZip Code
45230-3674FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666743**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STINSON, MICHAEL, , ,

Mailing Address 126 HAMPSHIRE DR

City
ROCHESTERState
NYZip Code
14618-2328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RITOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44694205**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1909 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STODDARD, MARTHA, , ,

Mailing Address 179 SILK TREE LN

City
ROUND ROCKState
TXZip Code
78664-6305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44736413

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STODDARD, MARTHA, , ,

Mailing Address 179 SILK TREE LN

City
ROUND ROCKState
TXZip Code
78664-6305FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800350

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STOKES, PARKER, R., ,

Mailing Address 301 MUSEUM PKWY

City
NEWPORT NEWSState
VAZip Code
23606-3719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732648

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1043.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1910 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STONER, NANCY, , ,

Mailing Address 959 SABAL GROVE DR

City
ROCKLEDGEState
FLZip Code
32955-4159FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723234**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STONEY, LINDA, , ,

Mailing Address 1520 HAYNE RD

City
HILLSBOROUGHState
CAZip Code
94010-6754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664527**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STONEY, LINDA, , ,

Mailing Address 1520 HAYNE RD

City
HILLSBOROUGHState
CAZip Code
94010-6754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718283**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1911 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STOTLAND, NADA, , ,

Mailing Address 5511 S KENWOOD AVE

City
CHICAGOState
ILZip Code
60637-1713FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676124**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STOTT, MARK, , ,

Mailing Address 107 GIL BLAS RD

City
DANVILLEState
CAZip Code
94526-2813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723966**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAHMAN, PEGGY, , ,

Mailing Address 130 SAMS AVE

City
NEW SMYRNA BEACHState
FLZip Code
32168-7039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771702**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1912 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRANDBURG, KATHERINE, , ,Mailing Address 100 BLEECKER ST
APT 19DCity
NEW YORKState
NYZip Code
10012-2206FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORK UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659740**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRASSER, SARAH, , ,

Mailing Address 7778 RIVERSIDE DR

City
DUBLINState
OHZip Code
43016-9726FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44735666**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRATMAN, CAROL, , ,

Mailing Address 23 HANOVER RD

City
PLEASANT RIDGEState
MIZip Code
48069-1013FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718307**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1913 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRATMAN, CAROL, , ,

Mailing Address 23 HANOVER RD

City
PLEASANT RIDGEState
MIZip Code
48069-1013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718308

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRATMAN, CAROL, , ,

Mailing Address 23 HANOVER RD

City
PLEASANT RIDGEState
MIZip Code
48069-1013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44738050

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRATTON, HARRIET, S., ,

Mailing Address 4553 SENTINEL ROCK

City
LARKSPURState
COZip Code
80118-8910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680704

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1914 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRATTON, HEATH, , ,Mailing Address 2435 7TH ST
APT 1217City
BOULDERState
COZip Code
80304-3912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724295**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRATTON, STEVEN, , ,

Mailing Address 31631 VIA COYOTE

City
TRABUCO CANYONState
CAZip Code
92679-4104FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STRATTON WOODWORKSOccupation (for Individual)
CABINETMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743264**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRAUS, CARYN, , ,

Mailing Address 615 SPRING RD

City
GLENVIEWState
ILZip Code
60025-4344FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676148**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1915 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRAUS, CARYN, , ,

Mailing Address 615 SPRING RD

City
GLENVIEWState
ILZip Code
60025-4344FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44676149**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STREET, JAMES, B, ,

Mailing Address 1345 N 78TH ST

City
SEATTLEState
WAZip Code
98103-4843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44730356**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STREET, JANET, , ,

Mailing Address 1016 HONEYBEE TRL

City
FORT MILLState
SCZip Code
29715-2163FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44792368**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1916 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRICKLAND, ANNA, , ,

Mailing Address 66 CHURCH ST

City
BELFASTState
MEZip Code
04915-6204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799440

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STRIKWERDA, CARL, , ,Mailing Address 3601 CONNECTICUT AVE NW
APT 104City
WASHINGTONState
DCZip Code
20008-2419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44781954

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STRONG, DAVE, , ,

Mailing Address 113 CARMEN ST

City
HALLSState
TNZip Code
38040-1160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44743641

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1917 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STRONG, DAVE, , ,

Mailing Address 113 CARMEN ST

City
HALLSState
TNZip Code
38040-1160FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744229**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STUDER, ROBERT, , ,

Mailing Address 2481 RIVER RD

City
WILLOUGHBY HILLSState
OHZip Code
44094-9664FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680713**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STUMPF, HARRY, P., ,

Mailing Address 6535 VISTA DEL PRADO RD NW

City
ALBUQUERQUEState
NMZip Code
87120-7028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685611**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1075.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1918 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STURGIS, JOAN, , ,

Mailing Address 179 WINDSOR PL

City
BROOKLYNState
NYZip Code
11215-5917FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755686**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STYER, JACK, , ,

Mailing Address 18122 WALNUT ST

City
HESPERIAState
CAZip Code
92345-6651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692732**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUBERMAN, JUDY, , ,

Mailing Address 111 COVE COLONY RD

City
MAITLANDState
FLZip Code
32751-4972FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785193**

Amount of Each Receipt this Period

236.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

598.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1919 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUGAR, MARY, M., ,

Mailing Address 5100 KENWOOD DR

City
ANNANDALEState
VAZip Code
22003-5528FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44793241

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUGGS, SID, , ,

Mailing Address 754 CALLE LAREDO

City
THOUSAND OAKSState
CAZip Code
91360-2512FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44706016

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUGIMURA, RICHARD, , ,Mailing Address 81 CLAY ST
APT 322City
SEATTLEState
WAZip Code
98121-4118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676196

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1920 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUGIURA, MISAO, , ,

Mailing Address 164 MADORA PL

City
SAN RAMONState
CAZip Code
94583-3837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759761

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUHRAWARDI, GHULAM, M., ,

Mailing Address 155 MERCER RD

City
COLTS NECKState
NJZip Code
07722-1722FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NMCI GROUPOccupation (for Individual)
BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755437

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SULKALA, LEA, , ,

Mailing Address 6457 LINWAY TER

City
MCLEANState
VAZip Code
22101-4111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RESOLUTION PUBLIC AFFAIRSOccupation (for Individual)
PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44753186

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1921 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SULLIVAN, DANIEL, , ,

Mailing Address 4117 PARK PL

City
SAN DIEGOState
CAZip Code
92116-4715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744963**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SULLIVAN, EILEEN, K., ,

Mailing Address 80 COLLINS HILL RD

City
PORTLANDState
CTZip Code
06480-1236FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693696**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SULLIVAN, MARY ANNE, , ,

Mailing Address 2850 ALLENDALE PL NW

City
WASHINGTONState
DCZip Code
20008-1038FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOGAN LOVELLS US LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684098**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1922 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUMMERS, HELEN, , ,

Mailing Address 46 CALLE DEL SOL

City
PLACITASState
NMZip Code
87043-9209FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796071

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUMMERS, ROBERT, , ,

Mailing Address 7315 YORKTOWNE DR

City
TOWSONState
MDZip Code
21204-7625FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ECOLOGIX INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44784285

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUNSTRUM, GREGORY, , ,

Mailing Address 321 EMERSON ST NW

City
WASHINGTONState
DCZip Code
20011-4109FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECK, LLPOccupation (for Individual)
SENIOR POLICY ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44635876

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1923 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUNZENAUER, INGRID, MARGARETHE, ,Mailing Address 4601 N PARK AVE
APT 1819City
CHEVY CHASEState
MDZip Code
20815-4546FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753585**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUSSMAN, MARC, , ,Mailing Address 510 W ERIE ST
APT 902City
CHICAGOState
ILZip Code
60654-6457FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HV PROPERTY MANAGEMENTOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782351**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640912**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1924 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644451

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659792

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664557

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1925 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44677745

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680724

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718409

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1926 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUTPHEN, DEBRA, LYNN, ,

Mailing Address 6125 STONEHILL DR

City
ROCKLINState
CAZip Code
95677-3342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SIERRA COLLEGEOccupation (for Individual)
DEAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44718410

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUTTON, GEORGE, , ,Mailing Address 441 N GRAND AVE
7458City
NOGALESState
AZZip Code
85621-2729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44718413

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SUTTON, LOUISE, H, ,Mailing Address 101 PINEY WOODS CT
APT 214City
HOUSTONState
TXZip Code
77077-5284FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	11	/	2025

Transaction ID : 44685761

Amount of Each Receipt this Period

800.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

845.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1927 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SUTTON, THOMAS, D., ,

Mailing Address 506 PINE ST

City
PHILADELPHIAState
PAZip Code
19106-4111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718412**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUTTON, THOMAS, D., ,

Mailing Address 506 PINE ST

City
PHILADELPHIAState
PAZip Code
19106-4111FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790688**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWAFFORD, ANNE, M., ,

Mailing Address 7146 MCGEE ST

City
KANSAS CITYState
MOZip Code
64114-1435FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732224**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1928 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWAN, BRUCE, , ,

Mailing Address 526 WOOD ST
APT 129City
BETHLEHEMState
PAZip Code
18018-4460FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729139

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWAN, ELIZABETH, , ,

Mailing Address 2613 GEORGIAN DR

City
GEORGETOWNState
TXZip Code
78626-8502FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREAT CHURCHOccupation (for Individual)
PARISH SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729198

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWANN, NATASHA, , ,

Mailing Address 325 ARGONNE DR NW

City
ATLANTAState
GAZip Code
30305-2813FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44649316

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1929 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWANN, NATASHA, , ,

Mailing Address 325 ARGONNE DR NW

City
ATLANTAState
GAZip Code
30305-2813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659804**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWANN, NATASHA, , ,

Mailing Address 325 ARGONNE DR NW

City
ATLANTAState
GAZip Code
30305-2813FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44784180**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWANSON, CARL, , ,

Mailing Address 1999 MELROSE RD

City
CENTRAL CITYState
IAZip Code
52214-9807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BVSOccupation (for Individual)
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718431**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1930 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWANSON, CARL, , ,

Mailing Address 1999 MELROSE RD

City
CENTRAL CITYState
IAZip Code
52214-9807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BVSOccupation (for Individual)
CTO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767576**

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWANSON, JANET, , ,

Mailing Address 107 TUTTLE RD

City
DURHAMState
NCZip Code
27703-8385FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680730**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWANSON, RICHARD, , ,

Mailing Address 343 KELLOGG BLVD E

City
SAINT PAULState
MNZip Code
55101-1411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681784**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

710.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1931 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWANTON, RUTH, E., ,

Mailing Address 41 HOWARD AVE

City
NEW HAVENState
CTZip Code
06519-2808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FRONTAGE CLINICAL SERVICESOccupation (for Individual)
BIOSTATISTICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649321**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWART, GARRET, , ,

Mailing Address 770 LA PARA AVE

City
PALO ALTOState
CAZip Code
94306-3157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ORACLEOccupation (for Individual)
COMPUTER SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756172**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWAYNE, SUSAN, , ,

Mailing Address 56 CEDAR CIR

City
FOLSOMState
CAZip Code
95630-6607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644456**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWAYNE, SUSAN, , ,

Mailing Address 56 CEDAR CIR

City
FOLSOMState
CAZip Code
95630-6607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718434**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWAYNE, SUSAN, , ,

Mailing Address 56 CEDAR CIR

City
FOLSOMState
CAZip Code
95630-6607FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44756215**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWEENEY, DENNIS, M, ,

Mailing Address 2714 ALEXANDER ST

City
ENDICOTTState
NYZip Code
13760-2332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718438**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWEENEY, DENNIS, M, ,

Mailing Address 2714 ALEXANDER ST

City
ENDICOTTState
NYZip Code
13760-2332FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44764559**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWEET, BARBARA, K., ,

Mailing Address PO BOX 161

City
NEW CASTLEState
NHZip Code
03854-0161FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748395**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWEETER-FICHT, PATRICIA, , ,

Mailing Address 22822 VETERANS RD

City
MORTONState
ILZip Code
61550-9551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724476**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SWEETSER, STUART, , ,

Mailing Address 35006 VISTA DEL LADERO

City
RANCHO MIRAGEState
CAZip Code
92270-1834FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692777

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SWIG, MARY, GREEN, ,

Mailing Address 1834 CALIFORNIA ST

City
SAN FRANCISCOState
CAZip Code
94109-4515FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44760971

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SWIG, STEVEN, L., ,Mailing Address 1 EMBARCADERO CTR
STE 2950City
SAN FRANCISCOState
CAZip Code
94111-3725FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44760970

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1935 OF 2977

(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SYKES, CHARLES, , ,

Mailing Address 3553 28TH ST

City
SAN DIEGOState
CAZip Code
92104-4130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44640938

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SZPINDOR, CATHERINE, L., ,

Mailing Address PO BOX 7469

City
HAMPTONState
VAZip Code
23666-0469FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SPRINT NEXTELOccupation (for Individual)
DEPUTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44772206

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TABOR, JOSEPH, A., ,

Mailing Address 2549 E 8TH ST

City
TUCSONState
AZZip Code
85716-4707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PIMA COUNTYOccupation (for Individual)
EPIDEMIOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676278

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TACKETT, RAYMOND, , ,

Mailing Address 3120 S 343W

City
CHENEYState
KSZip Code
67025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44640948**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TACKETT, RAYMOND, , ,

Mailing Address 3120 S 343W

City
CHENEYState
KSZip Code
67025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44664588**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TACKETT, RAYMOND, , ,

Mailing Address 3120 S 343W

City
CHENEYState
KSZip Code
67025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718469**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1937 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TACKETT, RAYMOND, , ,

Mailing Address 3120 S 343W

City
CHENEYState
KSZip Code
67025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739574

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAIRA, ESTHER, , ,

Mailing Address 536 N 2ND ST

City
MONTEBELLOState
CAZip Code
90640-3634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676289

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAIRA, ESTHER, , ,

Mailing Address 536 N 2ND ST

City
MONTEBELLOState
CAZip Code
90640-3634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754378

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1938 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAISCH, BETTY, , ,

Mailing Address 6064 SHELTER BAY AVE

City
MILL VALLEYState
CAZip Code
94941-3040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COMPASSOccupation (for Individual)
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44807083**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAKATA, ROSALIND, , ,

Mailing Address 3471 W 34TH AVE

City
DENVERState
COZip Code
80211-3130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KEYSTONE TOWER SYSTEMSOccupation (for Individual)
MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718475**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAKATA, ROSALIND, , ,

Mailing Address 3471 W 34TH AVE

City
DENVERState
COZip Code
80211-3130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KEYSTONE TOWER SYSTEMSOccupation (for Individual)
MECHANICAL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741650**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TALBOTT, BARBARA, , ,

Mailing Address PO BOX 182

City
SONOMAState
CAZip Code
95476-0182FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702038**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TANGREN, CHARLES, , ,

Mailing Address 107 LAKE VISTA DR

City
ATHENSState
GAZip Code
30607-7105FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692801**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TANNENBAUM, VIRGINIA, , ,

Mailing Address 1941 S STAUNTON DR

City
FAIRFIELDState
OHZip Code
45014-3629FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736324**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

437.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1940 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAPPON, JIM, D, ,

Mailing Address 197 DEERFIELD DR

City
ROCHESTERState
NYZip Code
14609-3033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FELDMAN HEATING & COOLINGOccupation (for Individual)
ENERGY AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734266

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAPPON, JIM, D, ,

Mailing Address 197 DEERFIELD DR

City
ROCHESTERState
NYZip Code
14609-3033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FELDMAN HEATING & COOLINGOccupation (for Individual)
ENERGY AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745895

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAPPON, JIM, D, ,

Mailing Address 197 DEERFIELD DR

City
ROCHESTERState
NYZip Code
14609-3033FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FELDMAN HEATING & COOLINGOccupation (for Individual)
ENERGY AUDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764133

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1941 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TARANTINO, MARILYN, , ,

Mailing Address 4222 CALEB CT

City
PEACHTREE CORNERSState
GAZip Code
30092-1543FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OPTUM HEALTHOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718510

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TARANTINO, MARILYN, , ,

Mailing Address 4222 CALEB CT

City
PEACHTREE CORNERSState
GAZip Code
30092-1543FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OPTUM HEALTHOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718511

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TARAIZI, DEEMA, , ,Mailing Address 200 K ST NE
APT 1027City
WASHINGTONState
DCZip Code
20002-3090FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATT FARBER SCHRECKOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44667135

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1942 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAUBMAN, MAURINE, , ,Mailing Address 12701 SE RIVER RD
APT 401NPCity
PORTLANDState
ORZip Code
97222-8268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743084**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, ALONZO, , ,

Mailing Address PO BOX 122

City
STAUNTONState
VAZip Code
24402-0122FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701117**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, BARBARA, , ,

Mailing Address 65 LINKS RD

City
HOBE SOUNDState
FLZip Code
33455-2318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759309**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1943 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, JEAN, , ,Mailing Address 100 BAY PL
APT 1903City
OAKLANDState
CAZip Code
94610-4431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44769050**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, JEAN, , ,Mailing Address 100 BAY PL
APT 1903City
OAKLANDState
CAZip Code
94610-4431FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794065**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, MITCHELL, , ,Mailing Address 2644 ARABIAN CT
APT 2ACity
SOUTH BENDState
INZip Code
46628-6018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770056**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1944 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, PAULA, , ,Mailing Address 230 W LAUREL ST
UNIT 504City
SAN DIEGOState
CAZip Code
92101-1465FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44692815**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, SALLY, ADAMSON, ,

Mailing Address 756 KANSAS ST

City
SAN FRANCISCOState
CAZip Code
94107-2626FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659864**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, SOHEILA, , ,

Mailing Address 922 LEONARD LN

City
ALLENState
TXZip Code
75013-2873FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44676333**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1945 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TAYLOR, STEPHEN, , ,

Mailing Address 1853 INDIAN HILLS CIR

City
FORT COLLINSState
COZip Code
80525-1598FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666097

Amount of Each Receipt this Period

275.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TAYLOR, TRULAH, , ,

Mailing Address 106 FAYE ST

City
BEREAState
KYZip Code
40403-2111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684066

Amount of Each Receipt this Period

55.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TAYLOR, TRULAH, , ,

Mailing Address 106 FAYE ST

City
BEREAState
KYZip Code
40403-2111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44685291

Amount of Each Receipt this Period

55.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1946 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TECZA, EILEEN, , ,

Mailing Address 6080 RED MAPLE MNR

City
VERO BEACHState
FLZip Code
32966-6324FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701125**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TEDROW, JAMES, C., ,

Mailing Address 32102 BONHILL DR

City
SALISBURYState
MDZip Code
21804-1463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44701987**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TEITELBAUM, JOSHUA, , ,

Mailing Address 3920 INGOMAR ST NW

City
WASHINGTONState
DCZip Code
20015-1916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKIN GUMP STRAUSS HAUER & FELD LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44735576**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1947 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TELL, STEPHEN, , ,

Mailing Address 991 CLELAND DR

City
CHAPEL HILLState
NCZip Code
27517-5618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NVIDIAOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659889**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TEPPER, HELEN, , ,

Mailing Address 19 FOX DEN RD

City
MOUNT KISCOState
NYZip Code
10549-3833FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44722007**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TERAUCHI, TERRENCE, , ,Mailing Address 15921 HALDALE AVE
UNITACity
GARDENAState
CAZip Code
90247-3995FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LOS ANGELES COUNTYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44740527**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1948 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TERRY, ALBERT, J, ,

Mailing Address 5460 9TH AVE

City
LOS ANGELESState
CAZip Code
90043-2522FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759566**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TERRY, CAROL, , ,

Mailing Address 73 ROSLYN AVE

City
PROVIDENCEState
RIZip Code
02908-2848FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684024**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TERRY, SYD, , ,Mailing Address 1339 E ST SE
APT 330City
WASHINGTONState
DCZip Code
20003-4174FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BGR GROUPOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44719998**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1949 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TERZIAN, ANNE, J., ,Mailing Address 4111 SALZEDO ST
APT 205City
CORAL GABLESState
FLZip Code
33146-1499FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44723975

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TESCHNER, LINDA, , ,

Mailing Address 5361 S CAMBRIDGE LN

City
MILWAUKEEState
WIZip Code
53221-3236FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769672

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THEILACKER, ALICE, , ,

Mailing Address 6834 LIPMANN ST

City
SAN DIEGOState
CAZip Code
92122-2617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44729103

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1337.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1950 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THELEN, PHYLLIS, , ,Mailing Address 200 DEER VALLEY RD
APT 3GCity
SAN RAFAELState
CAZip Code
94903-5513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44724622

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THIESSEN, AMY, , ,

Mailing Address 1767 BANBURY LN

City
HERNANDOState
MSZip Code
38632-8071FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANTECH DIAGNOSTICSOccupation (for Individual)
VETERINARY PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44659912

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THIESSEN, AMY, , ,

Mailing Address 1767 BANBURY LN

City
HERNANDOState
MSZip Code
38632-8071FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ANTECH DIAGNOSTICSOccupation (for Individual)
VETERINARY PATHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718631

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1951 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOELE-CZIPRUSZ, DEBORA, , ,

Mailing Address 1 CONSTITUTION CT

City
MILFORDState
NHZip Code
03055-3582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659913

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOELE-CZIPRUSZ, DEBORA, , ,

Mailing Address 1 CONSTITUTION CT

City
MILFORDState
NHZip Code
03055-3582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680775

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAN, BARBARA, J., ,

Mailing Address 2157 ROBLYN AVE

City
SAINT PAULState
MNZip Code
55104-5027FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767258

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1952 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, CARLA, , ,

Mailing Address PO BOX 232

City
WESTPORTState
CAZip Code
95488-0232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730420

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, CARLA, , ,

Mailing Address PO BOX 232

City
WESTPORTState
CAZip Code
95488-0232FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730421

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, HEATHER, , ,

Mailing Address 1433 SAN VICENTE BLVD

City
SANTA MONICAState
CAZip Code
90402-2203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SHIKSA ENTERPRISESOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44659920

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1953 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, HEATHER, , ,

Mailing Address 1433 SAN VICENTE BLVD

City
SANTA MONICAState
CAZip Code
90402-2203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHIKSA ENTERPRISESOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676410

Amount of Each Receipt this Period

110.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, HEATHER, , ,

Mailing Address 1433 SAN VICENTE BLVD

City
SANTA MONICAState
CAZip Code
90402-2203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHIKSA ENTERPRISESOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44692851

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, HEATHER, , ,

Mailing Address 1433 SAN VICENTE BLVD

City
SANTA MONICAState
CAZip Code
90402-2203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SHIKSA ENTERPRISESOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794207

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1954 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, RICHARD, , ,

Mailing Address 350 FAIRFAX ST

City
DENVERState
COZip Code
80220-5747FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44770112

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, ROBERT, A, ,

Mailing Address 6211 WINSLOW CT

City

FAIRFAX STA

State

VA

Zip Code

22039-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

WHOLISTIC SERVICES, INC.

Occupation (for Individual)

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44732431

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMAS, STEVEN, , ,

Mailing Address 130 WADE HAMPTON DR

City

BEAUFORT

State

SC

Zip Code

29907-1924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680778

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1955 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, STEVEN, , ,

Mailing Address 130 WADE HAMPTON DR

City
BEAUFORTState
SCZip Code
29907-1924FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718654**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMAS, THOMAS, C., ,

Mailing Address 100 NASHUA RD

City
LIBERTYState
MOZip Code
64068-1218FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44758701**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMASON, TRACY, , ,

Mailing Address 5513 77TH ST

City
LUBBOCKState
TXZip Code
79424-2401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44807056**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1956 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMASSET, MARY, , ,Mailing Address 8100 CONNECTICUT AVE
APT 1707City
CHEVY CHASEState
MDZip Code
20815-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44684326**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON CAMPBELL, FAITH, , ,

Mailing Address 8208 DABNEY AVE

City
SPRINGFIELDState
VAZip Code
22152-1808FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE NATURE CONSERVANCYOccupation (for Individual)
ENVIRONMENTAL ADVOCATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44722768**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, AHMIR, , ,

Mailing Address 1 PRESIDENTIAL BLVD

City
BALA CYNWYDState
PAZip Code
19004-1017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025**Transaction ID : 44659939**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1957 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, AHMIR, , ,

Mailing Address 1 PRESIDENTIAL BLVD

City
BALA CYNWYDState
PAZip Code
19004-1017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44733379

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, ANN, , ,

Mailing Address 3103 CAMBERLY DR

City
GIBSONIAState
PAZip Code
15044-8511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676428

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, ANN, , ,

Mailing Address 3103 CAMBERLY DR

City
GIBSONIAState
PAZip Code
15044-8511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701153

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1958 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, ANN, , ,

Mailing Address 3103 CAMBERLY DR

City
GIBSONIAState
PAZip Code
15044-8511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730425

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, ANN, , ,

Mailing Address 3103 CAMBERLY DR

City
GIBSONIAState
PAZip Code
15044-8511FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766667

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, ERIC, , ,

Mailing Address 126 SAINT AUGUSTINE DR

City
GREENVILLEState
SCZip Code
29615-3235FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GREENVILLE HOSPITALOccupation (for Individual)
ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766208

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1959 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, FRANK, , ,

Mailing Address 53 FRANKLIN SCHOOL WAY

City
METUCHENState
NJZip Code
08840-1859FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2025

Transaction ID : 44641028

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, LAWRENCE, A., ,

Mailing Address 3633 W HAVEN CT

City
MEQUONState
WIZip Code
53092-4905FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2025

Transaction ID : 44723456

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMPSON, SANDRA, A., ,

Mailing Address 580 MANZANITA WAY

City
WOODSIDEState
CAZip Code
94062-1217FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2025

Transaction ID : 44753767

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1960 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMPSON, SARAH, M., ,

Mailing Address 1670 FLORIDA ST

City
SAN FRANCISCOState
CAZip Code
94110-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753549**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMPSON, STEPHEN, , ,

Mailing Address 4282 SNAIL LAKE BLVD

City
SAINT PAULState
MNZip Code
55126-2329FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44742270**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692877**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1961 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718690

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718691

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44718692

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1962 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44730431

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754027

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THOMSON, MARY, W., ,

Mailing Address 4063 CUMNOR RD

City
DOWNERS GROVEState
ILZip Code
60515-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785290

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

67.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1963 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THON, SANDRA, , ,Mailing Address **N34W23861 GRACE AVE**
UNIT CCity
PEWAUKEEState
WIZip Code
53072-5750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

02 / 02 / 2025**Transaction ID : 44641046**

Amount of Each Receipt this Period

94.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THON, SANDRA, , ,Mailing Address **N34W23861 GRACE AVE**
UNIT CCity
PEWAUKEEState
WIZip Code
53072-5750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

02 / 05 / 2025**Transaction ID : 44659953**

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THON, SANDRA, , ,Mailing Address **N34W23861 GRACE AVE**
UNIT CCity
PEWAUKEEState
WIZip Code
53072-5750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

382.00

Date of Receipt

02 / 13 / 2025**Transaction ID : 44701171**

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**194.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1964 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THON, SANDRA, , ,Mailing Address **N34W23861 GRACE AVE**
UNIT CCity
PEWAUKEEState
WIZip Code
53072-5750FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.50

Date of Receipt

02 / 16 / 2025**Transaction ID : 44718695**

Amount of Each Receipt this Period

29.50☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THORNTON, LEAMON, , ,Mailing Address **5451 16TH AVE**
APT 102City
HYATTSVILLEState
MDZip Code
20782-3425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

02 / 20 / 2025**Transaction ID : 44749049**

Amount of Each Receipt this Period

450.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THORNTON, MAC, , ,Mailing Address **6467 WISHBONE TER**City
CABIN JOHNState
MDZip Code
20818-1707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 11 / 2025**Transaction ID : 44684885**

Amount of Each Receipt this Period

1000.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1479.50**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1965 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THORNTON, ROY, , ,

Mailing Address 505 PHEASANT RDG

City
ROUND ROCKState
TXZip Code
78665-2851FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 05 2025

Transaction ID : 44659959

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THORSON, JANICE, A., ,

Mailing Address 4117 S THIEMAN RD

City
SPOKANEState
WAZip Code
99223-1426FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 18 2025

Transaction ID : 44723505

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THURMAN, MARGO, , ,

Mailing Address 1737 E CORNELL CIR

City
SALT LAKE CITYState
UTZip Code
84108-1801FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
EPILEPSY FOUNDATIONOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 16 2025

Transaction ID : 44718707

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

326.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1966 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THURMAN, MARGO, , ,

Mailing Address 1737 E CORNELL CIR

City
SALT LAKE CITYState
UTZip Code
84108-1801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EPILEPSY FOUNDATIONOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787503**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIEDTKE, WOLFGANG, , ,Mailing Address 8592 ROSWELL RD
APT 263City
ATLANTAState
GAZip Code
30350-1868FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748468**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIERNAN, ELIZABETH, , ,

Mailing Address 1225 SAN CARLOS AVE

City
SAN CARLOSState
CAZip Code
94070-2419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739307**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

256.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1967 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIERNAN, ELIZABETH, , ,

Mailing Address 1225 SAN CARLOS AVE

City
SAN CARLOSState
CAZip Code
94070-2419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741561**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TILLOTSON, DOUGLAS, , ,

Mailing Address 309 HILLSIDE ST

City
MILTONState
MAZip Code
02186-5221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IONOPTIX LLCOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743302**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TILLOTSON, DOUGLAS, , ,

Mailing Address 309 HILLSIDE ST

City
MILTONState
MAZip Code
02186-5221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IONOPTIX LLCOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44743847**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1968 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TILP, KENNETH, , ,

Mailing Address 9385 HIGHLAND DR

City
GROSSE ILEState
MIZip Code
48138-1214FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718724**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIMKEN, HEIDI, , ,

Mailing Address 1992 VIA APPIA

City
WALNUT CREEKState
CAZip Code
94598-2242FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693370**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIMKEN, JUDY, , ,

Mailing Address 1731 CRESCENT DR

City
WALNUT CREEKState
CAZip Code
94598-1103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693371**

Amount of Each Receipt this Period

20000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1969 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TINDALL, MARIA, , ,Mailing Address 3921 COCHRAN ST
230City
SIMI VALLEYState
CAZip Code
93063-2364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731167**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TINDALL, MARIA, , ,Mailing Address 3921 COCHRAN ST
230City
SIMI VALLEYState
CAZip Code
93063-2364FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771633**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TINKLER, NATHANIEL, , ,

Mailing Address 24509 S STARCREST DR

City
SUN LAKESState
AZZip Code
85248-0887FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718736**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TIPPETS, BILL, , ,

Mailing Address 5850 SOLEDAD MOUNTAIN RD

City
LA JOLLAState
CAZip Code
92037-7010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44692891**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TIZARD, CLAIRE, , ,

Mailing Address 1901 NUECES DR

City
COLLEGE STATIONState
TXZip Code
77840-4843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761403**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TIZARD, CLAIRE, , ,

Mailing Address 1901 NUECES DR

City
COLLEGE STATIONState
TXZip Code
77840-4843FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800887**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1971 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TJADER, WILLIAM, S, ,

Mailing Address 9123 WILLOUGHBY RD

City
PITTSBURGHState
PAZip Code
15237-4519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PPGOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718750**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TJADER, WILLIAM, S, ,

Mailing Address 9123 WILLOUGHBY RD

City
PITTSBURGHState
PAZip Code
15237-4519FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PPGOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718751**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOBIN, JESSELYN, L., ,

Mailing Address PO BOX 567

City
CARLISLEState
MAZip Code
01741-0567FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707097**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

303.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1972 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOBIN, MARIE, , ,

Mailing Address 270 HALE ST

City
BEVERLYState
MAZip Code
01915-2026FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750648**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOBIN, ROGER, , ,

Mailing Address 20 LIVERMORE RD

City
BELMONTState
MAZip Code
02478-4517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUFTS UNIVERSITYOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676486**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TODOROV, ALEXANDRE, B., ,

Mailing Address 5118 NORTHWOOD LAKE DR E

City
NORTHPORTState
ALZip Code
35473-2009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654579**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

925.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1973 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TODOROV, ALEXANDRE, B., ,

Mailing Address 5118 NORTHWOOD LAKE DR E

City
NORTHPORTState
ALZip Code
35473-2009FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748290**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOLEDO, ALEX, , ,

Mailing Address 2907 BARCELONA RD SW

City
ALBUQUERQUEState
NMZip Code
87105-5549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BERNALILLO COUNTY PARKS & RECOccupation (for Individual)
LABORER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686866**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOLEDO, ALEX, , ,

Mailing Address 2907 BARCELONA RD SW

City
ALBUQUERQUEState
NMZip Code
87105-5549FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BERNALILLO COUNTY PARKS & RECOccupation (for Individual)
LABORER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748303**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1974 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOMINACK, SUSAN, , ,

Mailing Address 427 WARLOCK CT

City
GLEN BURNIEState
MDZip Code
21061-9510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730454

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOMINACK, SUSAN, , ,

Mailing Address 427 WARLOCK CT

City
GLEN BURNIEState
MDZip Code
21061-9510FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756040

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOMPKINS, DAVID, , ,

Mailing Address 419 WILLOWBROOK RD

City
WINCHESTERState
KYZip Code
40391-2384FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44788349

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1975 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOOMBS, CLIFTON, , ,

Mailing Address 1560 PINTO ST

City
RIDGECRESTState
CAZip Code
93555-7924FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787868**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TORELLI, HELEN, , ,

Mailing Address 24 HIGHLAND AVE

City
SHORT HILLSState
NJZip Code
07078-2810FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JOHNSON & JOHNSONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718789**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TORNOW, JANE, , ,

Mailing Address 1034 APPLE BLOSSOM DR

City
NEENAHState
WIZip Code
54956-4532FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763132**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TORRETI, RONALD, , ,

Mailing Address 45 MONADNOCK DR

City
WESTFORDState
MAZip Code
01886-3014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
L3 TECHNOLOGIESOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44788512

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOSSMAN, BARRY, E., ,Mailing Address 3100 N LEISURE WORLD BLVD
APT 626City
SILVER SPRINGState
MDZip Code
20906-8346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44692913

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOSSMAN, BARRY, E., ,Mailing Address 3100 N LEISURE WORLD BLVD
APT 626City
SILVER SPRINGState
MDZip Code
20906-8346FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795354

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOTTEN, ALEXANDRA, C., ,

Mailing Address 6800 TOLCHESTER RD

City
ROCK HALLState
MDZip Code
21661-1108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695111**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOUSLEY, RUSSELL, F., ,

Mailing Address 900 UNIVERSITY ST

City
SEATTLEState
WAZip Code
98101-2797FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749109**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOWER, LEE, , ,

Mailing Address 19 SADDLE RD

City
RANCHO PALOS VERDESState
CAZip Code
90275-6510FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LADAS & PARRYOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718813**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

662.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWLES, AMOR, , ,

Mailing Address 133 E 18TH ST

City
NEW YORKState
NYZip Code
10003-2401FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800370**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOWNSEND, DIANA, , ,

Mailing Address 9430 W LILAC RD

City
ESCONDIDOState
CAZip Code
92026-5101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761269**

Amount of Each Receipt this Period

45.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOWNSEND, DIANA, , ,

Mailing Address 9430 W LILAC RD

City
ESCONDIDOState
CAZip Code
92026-5101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762444**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

445.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOWNSEND, MICHAEL, , ,

Mailing Address 2 LINK ST

City
FOXBOROState
MAZip Code
02035-2271FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PEGASYSTEMS INCOccupation (for Individual)
SOFTWARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701212**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718820**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

293.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718821**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

365.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734427**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751746**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44807611**

Amount of Each Receipt this Period

10.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1981 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44786687**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791350**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOYA, JOHN, , ,

Mailing Address 1040 FULTON ST

City
SAN FRANCISCOState
CAZip Code
94117-1665FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

406.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791884**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1982 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRACY, DAVID, H., ,

Mailing Address 2805 WEDGEWOOD DR

City
CHAMPAIGNState
ILZip Code
61822-7514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SCIENTIFIC CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676543**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRAUTMANN, THOMAS, , ,

Mailing Address 1518 SHADFORD RD

City
ANN ARBORState
MIZip Code
48104-4463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF MICHIGANOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702014**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRAVIS, CAROLE, , ,

Mailing Address PO BOX 33

City
WEAVERVILLEState
NCZip Code
28787-0033FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765960**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1983 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRAYLOR, ROBERT, S., ,

Mailing Address 535 BOOKCLIFF DR

City
GRAND JUNCTIONState
COZip Code
81501-2037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TRAYLOR, TOMPKINS & BLACK, P.C.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782778**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TREANOR, CHRIS, , ,

Mailing Address 1324 CORDELIA CT

City
MCLEANState
VAZip Code
22102-2717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AKINOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44748997**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649436**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1984 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664695

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44664696

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

283.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676571

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

59.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1985 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676572

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718858

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726146

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

46.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1986 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726147

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737557

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750147

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

31.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1987 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44762610**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783706**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

386.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44792101**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1988 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TRICARICO, ELIZABETH, , ,

Mailing Address 8603 SHORE RD

City
BROOKLYNState
NYZip Code
11209-4221FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797869

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRIPLETT, KENT, , ,

Mailing Address 30 W106 ARLINGTON CT

City
WARRENVILLEState
ILZip Code
60555-1201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FRA LLCOccupation (for Individual)
ENGINEERING PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44649439

Amount of Each Receipt this Period

120.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROCCOLO, SUSAN, , ,

Mailing Address 2753 HOLY NAMES PL

City
LAKE OSWEGOState
ORZip Code
97034-5172FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44759572

Amount of Each Receipt this Period

375.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

501.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1989 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROTMAN, VALERIE, , ,

Mailing Address 1 DOGWOOD RD

City
WESTONState
MAZip Code
02493-2403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44655075

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TROUT, TANNA, , ,

Mailing Address PO BOX 50367

City
CASPERState
WYZip Code
82605-0367FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TROUT MACHINERY INC.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732750

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TROUT, TANNA, , ,

Mailing Address PO BOX 50367

City
CASPERState
WYZip Code
82605-0367FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TROUT MACHINERY INC.Occupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740776

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1990 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSCHIRGI, LAUREL, , ,

Mailing Address 215 W CORK ST

City
WINCHESTERState
VAZip Code
22601-4135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44695233**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSUJI, WAYNE, HIROHARU, ,

Mailing Address 1721 EVERGREEN PL

City
SEATTLEState
WAZip Code
98122-3513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMGENOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676605**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSUJI, WAYNE, HIROHARU, ,

Mailing Address 1721 EVERGREEN PL

City
SEATTLEState
WAZip Code
98122-3513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMGENOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44726156**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1991 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TSUJI, WAYNE, HIROHARU, ,

Mailing Address 1721 EVERGREEN PL

City
SEATTLEState
WAZip Code
98122-3513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMGENOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44733831

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TSUJI, WAYNE, HIROHARU, ,

Mailing Address 1721 EVERGREEN PL

City
SEATTLEState
WAZip Code
98122-3513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMGENOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44793917

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TSUJI, WAYNE, HIROHARU, ,

Mailing Address 1721 EVERGREEN PL

City
SEATTLEState
WAZip Code
98122-3513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMGENOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795329

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1992 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TUFT, MARY ANN, , ,

Mailing Address 1209 N ASTOR ST

City
CHICAGOState
ILZip Code
60610-2655FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
TUFT ASSOCIATESOccupation (for Individual)
SEARCH CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718898**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TULLMAN, PATRICIA, , ,Mailing Address 4201 BAYSHORE BLVD
U403City
TAMPAState
FLZip Code
33611-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660070**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TULLMAN, PATRICIA, , ,Mailing Address 4201 BAYSHORE BLVD
U403City
TAMPAState
FLZip Code
33611-1669FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44726162**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TURLEY, THOMAS, , ,

Mailing Address 2133 BEL AIR AVE

City
SAN JOSEState
CAZip Code
95128-1412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANTA CRUZ UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641165**

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURLEY, THOMAS, , ,

Mailing Address 2133 BEL AIR AVE

City
SAN JOSEState
CAZip Code
95128-1412FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SANTA CRUZ UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1124.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718907**

Amount of Each Receipt this Period

281.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TURNAUER, SANDRA, , ,

Mailing Address 10921 NW 3RD ST

City
PLANTATIONState
FLZip Code
33324-1539FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706146**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

577.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1994 OF 2977

(check only one)

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TURNER, CAROLYN, , ,

Mailing Address 11777 COLBY LAKE RD

City
LAINGSBURGState
MIZip Code
48848-8804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665968**

Amount of Each Receipt this Period

550.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TURNER, CAROLYN, , ,

Mailing Address 11777 COLBY LAKE RD

City
LAINGSBURGState
MIZip Code
48848-8804FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44772201**

Amount of Each Receipt this Period

450.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TURNOK, MARY-THOMAS, , ,Mailing Address 98 BROADVIEW AVE
APT W424City
PURCHASEState
NYZip Code
10577-1931FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44741044**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1995 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TWIST, JAMIESON, L., ,

Mailing Address 749 SUSSEX CT

City
SYKESVILLEState
MDZip Code
21784-6128FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF DEFENSEOccupation (for Individual)
SOLDIER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737623

Amount of Each Receipt this Period

118.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TYLKA, BARBARA, , ,

Mailing Address 3109 AUTUMN GROVE ST

City
BOZEMANState
MTZip Code
59718-4814FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756679

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UEUNTEN, PAUL, , ,

Mailing Address 1568 NORMAN AVE

City
SAN JOSEState
CAZip Code
95125-5321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MONOLITHIC POWER SYSTEMSOccupation (for Individual)
ENGINEER MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44764516

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5368.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UHLIG, PHILLIP, , ,

Mailing Address 3652 SAGE VIEW LN

City
KIMBERLYState
IDZip Code
83341-1613FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782997**

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ULFERS, FRIEDRICH, , ,

Mailing Address 3929 AMUNDSON AVE

City
BRONXState
NYZip Code
10466-2426FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NEW YORK UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44798710**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ULINSKI, JANET, G, ,Mailing Address 1471 LONG POND RD
APT 238City
ROCHESTERState
NYZip Code
14626-4139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44718946**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1997 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ULJEE, LESLIE, , ,

Mailing Address 12502 QUESTOVER CT

City
SAINT LOUISState
MOZip Code
63141-6385FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44753770**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ULRICH, PHYLLIS, , ,Mailing Address 15465 179TH AVE SE
APT 135City
MONROEState
WAZip Code
98272-1735FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44744449**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025**Transaction ID : 44644570**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1998 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664725

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44664726

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

677.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676655

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676656

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

677.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676657

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

727.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680844

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

115.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2000 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718953

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

852.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44718954

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

902.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706156

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2001 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UNDERHILL, JOANNE, , ,

Mailing Address 5625 S NEWPORT ST

City
GREENWOOD VILLAGEState
COZip Code
80111-1711FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNDERHILL LAW PCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743901**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNDERWOOD, GALE, E, ,Mailing Address 1 SANTINI ST
UNIT BCity
NORTH PROVIDENCEState
RIZip Code
02904-4176FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723341**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNGERER, SUSAN, , ,Mailing Address 1855 SAINT FRANCIS ST
APT 1012City
RESTONState
VAZip Code
20190-6252FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676659**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

315.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2002 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. UNGERER, SUSAN, , ,Mailing Address 1855 SAINT FRANCIS ST
APT 1012City
RESTONState
VAZip Code
20190-6252FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44726176

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNGERER, SUSAN, , ,Mailing Address 1855 SAINT FRANCIS ST
APT 1012City
RESTONState
VAZip Code
20190-6252FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44769406

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UNTERMAN, TERRY, G, ,

Mailing Address 1522 DAVIS ST

City
EVANSTONState
ILZip Code
60201-4010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DEPARTMENT OF VETERANS AFFAIRSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701283

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

555.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2003 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. URBAN, EUGENE, W, ,

Mailing Address 9 GRAYS LN

City
FAYETTEVILLEState
TNZip Code
37334-6912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44664728**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. URBAN, EUGENE, W, ,

Mailing Address 9 GRAYS LN

City
FAYETTEVILLEState
TNZip Code
37334-6912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44676668**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. URBAN, EUGENE, W, ,

Mailing Address 9 GRAYS LN

City
FAYETTEVILLEState
TNZip Code
37334-6912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44676669**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1040.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. URBAN, EUGENE, W, ,

Mailing Address 9 GRAYS LN

City
FAYETTEVILLEState
TNZip Code
37334-6912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1130.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676671**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. URBANOWICZ, WENDY, L, ,

Mailing Address 5609 NE 91ST CT

City
VANCOUVERState
WAZip Code
98662-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44744305**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. URBANOWICZ, WENDY, L, ,

Mailing Address 5609 NE 91ST CT

City
VANCOUVERState
WAZip Code
98662-5201FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783463**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2005 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. URLING, C, JOHN, ,

Mailing Address 2033 JAMESTOWN CT

City
VALENCIAState
PAZip Code
16059-1446FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738645**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. URQUHART, CRAIG, , ,

Mailing Address 39 MOONTIDE LN

City
BRUNSWICKState
MEZip Code
04011-7933FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752334**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. URQUHART, CRAIG, , ,

Mailing Address 39 MOONTIDE LN

City
BRUNSWICKState
MEZip Code
04011-7933FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752952**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2006 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. USYK, ANDREW, , ,

Mailing Address 1422 A ST NE

City
WASHINGTONState
DCZip Code
20002-8438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BROWNSTEIN HYATTOccupation (for Individual)
POLICY DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765803**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UTSEY, MICHAEL, , ,

Mailing Address 2160 AGATE ST

City
EUGENEState
ORZip Code
97403-1719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676679**

Amount of Each Receipt this Period

117.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VACCARO, NANCY, , ,

Mailing Address 3 CHERRY RIDGE RD

City
ACTONState
MAZip Code
01720-2205FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676682**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1367.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2007 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAIDA, VERONICA, , ,

Mailing Address 2244 MAPLETON AVE

City
BOULDERState
COZip Code
80304-3749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV OF COLORADOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44694158

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAIDA, VERONICA, , ,

Mailing Address 2244 MAPLETON AVE

City
BOULDERState
COZip Code
80304-3749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV OF COLORADOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701288

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAIDA, VERONICA, , ,

Mailing Address 2244 MAPLETON AVE

City
BOULDERState
COZip Code
80304-3749FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIV OF COLORADOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

317.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44756166

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

217.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2008 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VALENTI, BECKY, , ,

Mailing Address 6616 POPPY CT

City
RANCHO CUCAMONGAState
CAZip Code
91739-1537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706164**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VALENZUELA, DEBORAH, RUTH, ,

Mailing Address 508 W 12TH ST

City
ROSWELLState
NMZip Code
88201-5063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748584**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN BERG, RICHARD, , ,

Mailing Address 109 KENT RD

City
SPRINGFIELDState
PAZip Code
19064-2545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLAC NAT ACC LABOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44780786**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 2009 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN BERG, RICHARD, , ,

Mailing Address 109 KENT RD

City
SPRINGFIELDState
PAZip Code
19064-2545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLAC NAT ACC LABOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787187**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN BERG, RICHARD, , ,

Mailing Address 109 KENT RD

City
SPRINGFIELDState
PAZip Code
19064-2545FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SLAC NAT ACC LABOccupation (for Individual)
PHYSICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791930**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN BREUKELN, WILFRED, , ,

Mailing Address 9697 CLYO RD

City
DAYTONState
OHZip Code
45458-9119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749107**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2010 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718985**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718986**

Amount of Each Receipt this Period

19.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

246.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44734262**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

63.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2011 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44754543**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784707**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788217**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2012 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN DEN HONERT, NANCY, , ,

Mailing Address 2425 GLORY DR

City
WATERFORDState
PAZip Code
16441-5403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800872**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN DYKE, REBECCA, W, ,

Mailing Address 3488 CREEKSIDE DR

City
ANN ARBORState
MIZip Code
48105-9551FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693586**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676715**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2013 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44688174**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718995**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

466.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44718996**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2014 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

Transaction ID : 44718997

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

Transaction ID : 44734802

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

541.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

Transaction ID : 44735496

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2015 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44754127

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756317

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

582.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780801

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2016 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN GILDER, JOHN, , ,

Mailing Address 135 E WILLOW DR

City
ZANESVILLEState
OHZip Code
43701-1248FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENESISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44783332

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN KOLKEN, RICHARD, , ,

Mailing Address 873 CHUCKANUT SHORE RD

City
BELLINGHAMState
WAZip Code
98229-8925FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44676716

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN KOLKEN, RICHARD, , ,

Mailing Address 873 CHUCKANUT SHORE RD

City
BELLINGHAMState
WAZip Code
98229-8925FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719001

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

206.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2017 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN KOLKEN, RICHARD, , ,

Mailing Address 873 CHUCKANUT SHORE RD

City
BELLINGHAM

State
WA

Zip Code
98229-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719002

Amount of Each Receipt this Period

100.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAN KOLKEN, RICHARD, , ,

Mailing Address 873 CHUCKANUT SHORE RD

City
BELLINGHAM

State
WA

Zip Code
98229-8925

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44732569

Amount of Each Receipt this Period

15.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAN LIEW, HUGH, , ,

Mailing Address 1430 29TH AVE

City
SEATTLE

State
WA

Zip Code
98122-3202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44795001

Amount of Each Receipt this Period

500.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2018 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANCAK, VANETTA, , ,

Mailing Address 295 N BROADWAY

City
YONKERSState
NYZip Code
10701-2454FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44649481**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANCE, DUNCAN, , ,

Mailing Address 1910 WOODSBORO DR

City
ROYAL OAKState
MIZip Code
48067-1078FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JPMORGAN CHASEOccupation (for Individual)
ACCOUNT EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025**Transaction ID : 44665771**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANCE, DUNCAN, , ,

Mailing Address 1910 WOODSBORO DR

City
ROYAL OAKState
MIZip Code
48067-1078FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JPMORGAN CHASEOccupation (for Individual)
ACCOUNT EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44741390**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2019 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANCE, JUDY, , ,Mailing Address 1026 W EL NORTE PKWY
155City
ESCONDIDOState
CAZip Code
92026-3341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676724**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANCE, JUDY, , ,Mailing Address 1026 W EL NORTE PKWY
155City
ESCONDIDOState
CAZip Code
92026-3341FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761404**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDER LINDE, KAREN, , ,

Mailing Address 6404 HILLMEAD RD

City
BETHESDAState
MDZip Code
20817-3046FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763063**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2020 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDER LUGT, PETER, , ,

Mailing Address 3724 188TH ST NW

City
STANWOODState
WAZip Code
98292-9093FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748396

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANDERSLICE, TIM, , ,

Mailing Address 312 11TH AVE
APT 35BCity
NEW YORKState
NYZip Code
10001-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719021

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDERSLICE, TIM, , ,

Mailing Address 312 11TH AVE
APT 35BCity
NEW YORKState
NYZip Code
10001-1246FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44807643

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2021 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDERVENNET, RENEE, , ,

Mailing Address 25 COURTENAY CIR

City
PITTSFORDState
NYZip Code
14534-2101FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NAZARETH COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701309**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANDUSEN BERKELEY, MURIEL, , ,Mailing Address 13801 YORK RD
APT Y105City
COCKEYSVILLEState
MDZip Code
21030-4406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684384**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANDYKEN, MICHAEL, , ,

Mailing Address 7017 SE 28TH AVE

City
PORTLANDState
ORZip Code
97202-8708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680859**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2022 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANDYKEN, MICHAEL, , ,

Mailing Address 7017 SE 28TH AVE

City
PORTLANDState
ORZip Code
97202-8708FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791086**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANECK, MARIA, , ,

Mailing Address 26 ARIZONA STATE DR

City
NEWARKState
DEZip Code
19713-1144FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44680860**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANHANKEN, BARBARA, , ,

Mailing Address 2212 E 38TH ST

City
TULSAState
OKZip Code
74105-3406FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702503**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2023 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730512**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743343**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44770912**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2024 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785972**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44794629**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VANZANT, JOHN, , ,Mailing Address 304 PENNSYLVANIA DR
APT 8City
WATSONVILLEState
CAZip Code
95076-3717FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799761**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2025 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VATSKY, JOEL, , ,

Mailing Address 71 OVERLEIGH RD

City
BERNARDSVILLEState
NJZip Code
07924-1509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701325**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VAUGHEY, JOHN, , ,Mailing Address 300 VINE ST
320City
DENVERState
COZip Code
80206-4130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719049**

Amount of Each Receipt this Period

112.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VAUGHEY, JOHN, , ,Mailing Address 300 VINE ST
320City
DENVERState
COZip Code
80206-4130FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

524.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706190**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

512.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2026 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAUGHEY, JOHN, , ,

Mailing Address 300 VINE ST
320City
DENVERState
COZip Code
80206-4130FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44762536

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VEIT, HELEN, E., ,

Mailing Address 5104 SARATOGA AVE

City
BETHESDAState
MDZip Code
20816-3040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GEORGE WASHINGTON UNIVOccupation (for Individual)
EDITOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44768186

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VELTMAN, RUUD, , ,

Mailing Address 18 FOUNTAINVIEW TER
APT 408City
GREENVILLEState
SCZip Code
29607-4068FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44707429

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2027 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VENNERBERG, VAUGHN, , ,

Mailing Address 3700 BEVERLY DR

City
DALLASState
TXZip Code
75205-2806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693354**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VENNERBERG, VAUGHN, , ,

Mailing Address 3700 BEVERLY DR

City
DALLASState
TXZip Code
75205-2806FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44693375**

Amount of Each Receipt this Period

50000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERBETEN, NILEEN, M, ,

Mailing Address 3701 MCKINLEY BLVD

City
SACRAMENTOState
CAZip Code
95816-3417FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734175**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2028 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VERBOORT, THERESA, , ,Mailing Address 1950 NE 102ND AVE
UNIT 371City
BEAVERTONState
ORZip Code
97006-6736FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666044

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VERCELLOTTI, JOHN, , ,

Mailing Address 423 N THEARD ST

City
COVINGTONState
LAZip Code
70433-2837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
V-LABS INC.Occupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44649499

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERCELLOTTI, JOHN, , ,

Mailing Address 423 N THEARD ST

City
COVINGTONState
LAZip Code
70433-2837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
V-LABS INC.Occupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676764

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2029 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VERCELLOTTI, JOHN, , ,

Mailing Address 423 N THEARD ST

City
COVINGTONState
LAZip Code
70433-2837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
V-LABS INC.Occupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693002**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VERCELLOTTI, JOHN, , ,

Mailing Address 423 N THEARD ST

City
COVINGTONState
LAZip Code
70433-2837FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
V-LABS INC.Occupation (for Individual)
CHEMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44734745**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERNIER, CHRISTINE, , ,Mailing Address 2351 NW WESTOVER RD
UNIT 1301City
PORTLANDState
ORZip Code
97210-3786FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VERNIER SCIENCE EDUCATIONOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44667129**

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2030 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VERRILL, STEVE, , ,

Mailing Address 842 SAUK RIDGE TRL

City
MADISONState
WIZip Code
53717-1185FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
USDA FOREST PRODUCTS LABOccupation (for Individual)
MATHEMATICAL STATISTICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44644603

Amount of Each Receipt this Period

130.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VERZEMNIEKS, INESE, , ,Mailing Address 3425 W 111TH LOOP
UNIT CCity
WESTMINSTERState
COZip Code
80031-8073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCLAOccupation (for Individual)
REGISTERED NURSE - FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676777

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERZEMNIEKS, INESE, , ,Mailing Address 3425 W 111TH LOOP
UNIT CCity
WESTMINSTERState
COZip Code
80031-8073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UCLAOccupation (for Individual)
REGISTERED NURSE - FACULTY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701340

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2031 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VIAL, FRANK, , ,

Mailing Address 825 JUNIPER DR

City
LAFAYETTE HILLState
PAZip Code
19444-1605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767122**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VICTOR, JOYCE, , ,Mailing Address 223 N GUADALUPE ST
458City
SANTA FEState
NMZip Code
87501-1868FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641269**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VICTOR, JOYCE, , ,Mailing Address 223 N GUADALUPE ST
458City
SANTA FEState
NMZip Code
87501-1868FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730521**

Amount of Each Receipt this Period

40.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2032 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VICTOR, K, C, ,

Mailing Address 1157 LEFF ST

City
SAN LUIS OBISPOState
CAZip Code
93401-3709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VICTOR LEGAL SOLUTIONSOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755251**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VICTOR, K, C, ,

Mailing Address 1157 LEFF ST

City
SAN LUIS OBISPOState
CAZip Code
93401-3709FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VICTOR LEGAL SOLUTIONSOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44796349**

Amount of Each Receipt this Period

11.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VIETZE, PETER, , ,

Mailing Address 957 CEDARBROOK RD

City
PLAINFIELDState
NJZip Code
07060-2646FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CUNYOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739550**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

211.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2033 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VILES, MAY, MAY, ,Mailing Address 10200 W 62ND ST
APT 106City
SHAWNEEState
KSZip Code
66203-3074FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728739**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VILMS, SARAH, G., ,Mailing Address 1001 N VERMONT ST
APT 607City
ARLINGTONState
VAZip Code
22201-4766FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PATTON BOGGSOccupation (for Individual)
PUBLIC POLICY ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706211**

Amount of Each Receipt this Period

350.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VINCENT, ANNE, , ,

Mailing Address PO BOX 37

City
LOMETAState
TXZip Code
76853-0037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44685875**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2034 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VINCENT, ANNE, , ,

Mailing Address PO BOX 37

City
LOMETAState
TXZip Code
76853-0037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44760122**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VINCENTI, DONNA, , ,

Mailing Address 212 SAMARITAN LN

City
MOSCOWState
IDZip Code
83843-8552FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724683**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VINCENTI, VIRGINIA, , ,

Mailing Address 911 MITCHELL ST

City
LARAMIEState
WYZip Code
82072-2259FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44701356**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2035 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VINSON, JOHN, , ,Mailing Address **3466 CERRILLOS RD**
APT N1City
SANTA FEState
NMZip Code
87507-3031FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 16 / 2025**Transaction ID : 44719104**

Amount of Each Receipt this Period

150.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOGEL, MARK, R., ,Mailing Address **701 BRICKELL AVE**
STE 3260City
MIAMIState
FLZip Code
33131-2847FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NATIONAL ACTION COMMITTEEOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

02 / 23 / 2025**Transaction ID : 44735793**

Amount of Each Receipt this Period

3600.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOGELSBERG, TIMM, , ,Mailing Address **1067 TERRACE VIEW DR**City
ALBERTONState
MTZip Code
59820-9413FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 27 / 2025**Transaction ID : 44771603**

Amount of Each Receipt this Period

225.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**3975.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2036 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOLKEL, MARJORIE, , ,

Mailing Address 2314 WINDSOR RD

City
ALEXANDRIAState
VAZip Code
22307-1021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729008**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOLKEL, MARJORIE, , ,

Mailing Address 2314 WINDSOR RD

City
ALEXANDRIAState
VAZip Code
22307-1021FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44729111**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOLNER, IAN, , ,

Mailing Address 3707 INGOMAR ST NW

City
WASHINGTONState
DCZip Code
20015-1819FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44676816**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2037 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOLNER, IAN, , ,

Mailing Address 3707 INGOMAR ST NW

City
WASHINGTONState
DCZip Code
20015-1819FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707297**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOLPE, RAY, , ,

Mailing Address 302 CROSBY BLVD

City
BUFFALOState
NYZip Code
14226-3318FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UBOccupation (for Individual)
IT BUSINESS DEVELOPMENT OFFIC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753062**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VON KNORRING, JOHN, , ,

Mailing Address 11423 HOLLOW TIMBER CT

City
RESTONState
VAZip Code
20194-1980FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STYLUS PUBLISHING LLCOccupation (for Individual)
PUBLISHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676820**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2038 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VONK, HAROLD, , ,

Mailing Address 402 SE EATON ST

City
BENTONVILLEState
ARZip Code
72712-3922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676822**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VONK, HAROLD, , ,

Mailing Address 402 SE EATON ST

City
BENTONVILLEState
ARZip Code
72712-3922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745514**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VORCE, ANNE, , ,

Mailing Address 618 BENNINGTON DR

City
SILVER SPRINGState
MDZip Code
20910-4204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ECONOMIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743865**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2039 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOSBEIN, BRENDA, , ,

Mailing Address 34585 STAGE DR

City
THOUSAND PLMSState
CAZip Code
92276-4112FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDAT

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641293**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOSBEIN, BRENDA, , ,

Mailing Address 34585 STAGE DR

City
THOUSAND PLMSState
CAZip Code
92276-4112FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDAT

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688216**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VOSBEIN, BRENDA, , ,

Mailing Address 34585 STAGE DR

City
THOUSAND PLMSState
CAZip Code
92276-4112FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDAT

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701379**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2040 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VOSBEIN, BRENDA, , ,

Mailing Address 34585 STAGE DR

City
THOUSAND PLMSState
CAZip Code
92276-4112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDAT

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719134

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VOSBEIN, BRENDA, , ,

Mailing Address 34585 STAGE DR

City
THOUSAND PLMSState
CAZip Code
92276-4112FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

ANGEL VIEW CRIPPLED CHILDREN'S FOUNDAT

Occupation (for Individual)

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44786111

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VUNAK, JANIS, JEAN, ,

Mailing Address 19226 133RD PL NE

City
WOODINVILLEState
WAZip Code
98072-8736FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753668

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2041 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WACKERBARTH, CYNTHIA, , ,

Mailing Address 304 WALNUT ST

City
FALLS CHURCHState
VAZip Code
22046-2537FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676833**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WACKOWDKI, REBECCA, , ,

Mailing Address 1404 E 43RD PL

City
TULSAState
OKZip Code
74105-4148FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASCENSION HEALTHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786117**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WADE, PATTY, , ,

Mailing Address 2510 STIRRUP LN

City
FLORISSANTState
MOZip Code
63033-2342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BJC HEALTHCAREOccupation (for Individual)
COMPUTER ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730533**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2042 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WADE, PATTY, , ,

Mailing Address 2510 STIRRUP LN

City
FLORISSANTState
MOZip Code
63033-2342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BJC HEALTHCAREOccupation (for Individual)
COMPUTER ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782642**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WADE, PATTY, , ,

Mailing Address 2510 STIRRUP LN

City
FLORISSANTState
MOZip Code
63033-2342FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BJC HEALTHCAREOccupation (for Individual)
COMPUTER ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787323**

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WADE, STEPHEN, W, ,

Mailing Address 514 HOLLY OAK LN

City
ALAMEDAState
CAZip Code
94502-6609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760854**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2043 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAGNER, CAROL, , ,

Mailing Address 49 HILLSIDE TER

City
BELMONTState
MAZip Code
02478-3806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701391

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAGNER, JAMES, , ,

Mailing Address 168 PINE GROVE AVE

City
NEWTON LOWER FALLSState
MAZip Code
02462-1015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44655257

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAGNER, JAMES, , ,

Mailing Address 20741 NE 32ND AVE

City
MIAMIState
FLZip Code
33180-3647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MIAMI DADE COUNTY INDUSTRIAL DEVELOPMEOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693557

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2044 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAGNER, MARK, , ,

Mailing Address 2523 ABACA WAY

City
FREMONTState
CAZip Code
94539-4462FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SONICS INC.Occupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763702

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAGNER, SUSAN, L, ,

Mailing Address 2334 130TH AVE

City
GLENWOOD CITYState
WIZip Code
54013-8008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44746581

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAGNER, SUSAN, L, ,

Mailing Address 2334 130TH AVE

City
GLENWOOD CITYState
WIZip Code
54013-8008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025

Transaction ID : 44748677

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2045 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAGNER, TERESITA, W, ,

Mailing Address 20741 NE 32ND AVE

City
MIAMIState
FLZip Code
33180-3647FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44694370**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAIDE, PATRICK, J., ,

Mailing Address 164 ZACCHEUS MEAD LN

City
GREENWICHState
CTZip Code
06831-3749FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44724616**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAITE, HARVEY, , ,

Mailing Address 14 MANSION DR

City
TOPSFIELDState
MAZip Code
01983-1110FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44764018**

Amount of Each Receipt this Period

5000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2046 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALDRON, ROBERT, , ,

Mailing Address 413 S I OKA AVE

City
MT PROSPECTState
ILZip Code
60056-3745FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731223**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALK, CYNTHIA, , ,

Mailing Address 5959 WAVERLY AVE

City
LA JOLLAState
CAZip Code
92037-7340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649535**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALK, CYNTHIA, , ,

Mailing Address 5959 WAVERLY AVE

City
LA JOLLAState
CAZip Code
92037-7340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751845**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1305.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2047 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALK, CYNTHIA, , ,

Mailing Address 5959 WAVERLY AVE

City
LA JOLLAState
CAZip Code
92037-7340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3010.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44780291

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALK, CYNTHIA, , ,

Mailing Address 5959 WAVERLY AVE

City
LA JOLLAState
CAZip Code
92037-7340FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3010.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800024

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, ANGELA, , ,Mailing Address 700 W 31ST ST
STE 901City
KANSAS CITYState
MOZip Code
64108-3632FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768214

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2048 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALKER, IRMA, J., ,Mailing Address 1055 W JOPPA RD
UNIT 734City
TOWSONState
MDZip Code
21204-3773FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748647**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALKER, JEROME, M., ,

Mailing Address PO BOX 973

City
MESILLAState
NMZip Code
88046-0973FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641317**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALKER, JEROME, M., ,

Mailing Address PO BOX 8268

City
MISSOULAState
MTZip Code
59807-8268FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44749065**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2049 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALL, MARY, , ,

Mailing Address 42 W 76TH ST
APT 3BCity
NEW YORKState
NYZip Code
10023-8706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2025

Transaction ID : 44677613

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALL, MARY, , ,

Mailing Address 42 W 76TH ST
APT 3BCity
NEW YORKState
NYZip Code
10023-8706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PSYCHOANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706254

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLACE, HELEN, H., ,

Mailing Address 1560 CANYONLANDS CT

City
RENOState
NVZip Code
89521-3050FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44771312

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2050 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLACE, KATHRYN, , ,Mailing Address 9601 SHORE RD
APT 2GCity
BROOKLYNState
NYZip Code
11209-7611FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
MORTGAGE ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44749151**

Amount of Each Receipt this Period

37.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLACE, MARGARET, , ,

Mailing Address 31 HEILIGS SCHOOL RD

City
OLEYState
PAZip Code
19547-8651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666825**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLACE, MARGARET, , ,

Mailing Address 31 HEILIGS SCHOOL RD

City
OLEYState
PAZip Code
19547-8651FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681828**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

542.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2051 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLACE, MARY, , ,

Mailing Address 8800 ENCINO AVE

City
SHERWOOD FORESTState
CAZip Code
91325-3229FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767631**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLACE, SUSAN, , ,Mailing Address 2125 N OLIVE AVE
APT A45City
TURLOCKState
CAZip Code
95382-1916FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44749027**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLACH, JOHN, , ,

Mailing Address 42 LAKE SHORE DR

City
MONTVILLEState
NJZip Code
07045-9721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW YORKOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719207**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

950.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2052 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLACH, JOHN, , ,

Mailing Address 42 LAKE SHORE DR

City
MONTVILLEState
NJZip Code
07045-9721FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW YORKOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744412

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLIS, CHARLES, , ,

Mailing Address PO BOX 1390

City
OCCIDENTALState
CAZip Code
95465-1390FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44740907

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLMAN, ANDREW, , ,

Mailing Address 2585 DUCK HOOK DR

City
PARK CITYState
UTZip Code
84060-6894FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SAN FRANCISCO DESIGNOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44785158

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

770.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2053 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLS, SANDRA, , ,

Mailing Address 257 KELSEY PARK CIR

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733352**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALLS, SANDRA, , ,

Mailing Address 257 KELSEY PARK CIR

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44765993**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALLS, SANDRA, , ,

Mailing Address 257 KELSEY PARK CIR

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44786889**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2054 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALLS, SANDRA, , ,

Mailing Address 257 KELSEY PARK CIR

City
PALM BEACHState
FLZip Code
33480FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799316

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALSH, BRIAN, , ,

Mailing Address 10820 RIDGEVIEW WAY

City
SAN JOSEState
CAZip Code
95127-2657FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
NEUTRAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44641336

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALSH, DAN, , ,

Mailing Address 3646 WOODBINE AVE

City
CINCINNATIState
OHZip Code
45211-4845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676895

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2055 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALSH, DANIEL, , ,

Mailing Address 504 W NEVADA ST

City
URBANAState
ILZip Code
61801-4016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44726256

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALSH, DANIEL, , ,

Mailing Address 504 W NEVADA ST

City
URBANAState
ILZip Code
61801-4016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798035

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALSH, DANIEL, , ,

Mailing Address 504 W NEVADA ST

City
URBANAState
ILZip Code
61801-4016FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44799320

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2056 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALSH-DUTTON, CAROL, , ,Mailing Address 620 SAND HILL RD
APT 306ECity
PALO ALTOState
CAZip Code
94304-2610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44771703**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALTZ, CATHERINE, M., ,

Mailing Address 911 OAK ST

City
ORLANDOState
FLZip Code
32804-6255FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723435**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WANDRY, JACQUELINE, , ,

Mailing Address PO BOX 827

City
ANTIOCHState
CAZip Code
94509-0082FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701426**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

725.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2057 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WANDRY, JACQUELINE, , ,

Mailing Address PO BOX 827

City
ANTIOCHState
CAZip Code
94509-0082FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701427

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44660279

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44676919

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2058 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701437

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719244

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719245

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2059 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719246

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719247

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

296.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756501

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►

35.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2060 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARD KARR, KARI, , ,

Mailing Address 9214 LAS CAMAS RD NE

City
ALBUQUERQUEState
NMZip Code
87111-2432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SYNCHRONICITY LLCOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763659

Amount of Each Receipt this Period

14.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARK, DAVID, M., ,

Mailing Address 1588 NORTHROP ST

City
SAINT PAULState
MNZip Code
55108-1322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731677

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARK, MARY ANN, B., ,

Mailing Address 1588 NORTHROP ST

City
FALCON HEIGHTSState
MNZip Code
55108-1322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719253

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

764.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2061 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARNER, ALBERT, , ,

Mailing Address 4142 N RICHMOND ST

City
ARLINGTONState
VAZip Code
22207-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693073**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARNER, ALBERT, , ,

Mailing Address 4142 N RICHMOND ST

City
ARLINGTONState
VAZip Code
22207-4816FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730562**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARNER, DIANE, , ,

Mailing Address 465 CRAIG RD

City
SEQUIMState
WAZip Code
98382-8761FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789382**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2062 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARNER, GAIL, P, ,

Mailing Address 935 BARKSTONE CT SE

City
SALEMState
ORZip Code
97306-1224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701442**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARNER, GAIL, P, ,

Mailing Address 935 BARKSTONE CT SE

City
SALEMState
ORZip Code
97306-1224FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801552**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WARREN, BARBARA, H, ,

Mailing Address 3653 N PRINCE VILLAGE PL

City
TUCSONState
AZZip Code
85719-2028FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724778**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2063 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WARREN, RICHARD, DOUGLAS, ,

Mailing Address 3001 PEACHGATE LN

City
GLENVIEWState
ILZip Code
60026-2615FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44720027**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WARRINGTON, THOMAS, , ,

Mailing Address PO BOX 164

City
BLUE MTN LAKEState
NYZip Code
12812-0164FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HUDSON HEADWATERS HEALTH NETWORKOccupation (for Individual)
PHYSICIAN ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702632**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASHINGTON, KERRY, , ,Mailing Address 733 3RD AVE
FL 9City
NEW YORKState
NYZip Code
10017-3242FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KW PRODUCTIONS INC.Occupation (for Individual)
ACTRESS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660302**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2064 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASHINGTON, PAULETTE, , ,Mailing Address 420 E 111TH ST
15City
NEW YORKState
NYZip Code
10029-3042FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641374**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASHINGTON, PAULETTE, , ,Mailing Address 420 E 111TH ST
15City
NEW YORKState
NYZip Code
10029-3042FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44748994**

Amount of Each Receipt this Period

- 250.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSERMAN, LAURIE, , ,

Mailing Address 8836 KOLMAR AVE

City
SKOKIEState
ILZip Code
60076-1834FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688260**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2065 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSERMAN, LOUIS, , ,Mailing Address 900 HIGH SCHOOL WAY
APT 2333City
MOUNTAIN VIEWState
CAZip Code
94041-1974FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GOOGLEOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44764604

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASSERMAN, MARNY, J, ,

Mailing Address 1308 38TH ST

City
SACRAMENTOState
CAZip Code
95816-5411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERIOR DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742440

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSERMAN, MARNY, J, ,

Mailing Address 1308 38TH ST

City
SACRAMENTOState
CAZip Code
95816-5411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INTERIOR DESIGN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756182

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2066 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSA

State
CA

Zip Code
95401-5353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

02 / 02 / 2025

Transaction ID : 44641381

Amount of Each Receipt this Period

25.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSA

State
CA

Zip Code
95401-5353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

02 / 06 / 2025

Transaction ID : 44666856

Amount of Each Receipt this Period

250.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSA

State
CA

Zip Code
95401-5353

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/A

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

02 / 09 / 2025

Transaction ID : 44676946

Amount of Each Receipt this Period

15.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2067 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44688261

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44693083

Amount of Each Receipt this Period

37.50

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

642.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719277

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

102.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2068 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706279**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

879.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751826**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

879.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752080**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

237.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2069 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WASSON, SHIRLEY, , ,

Mailing Address 1004 RUTH PL

City
SANTA ROSAState
CAZip Code
95401-5353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767796

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44641384

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

330.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44641385

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2070 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644658**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660311**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693085**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2071 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701455

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701457

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

380.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701458

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2072 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719280

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706280

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

415.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726273

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2073 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44734086

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737997

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

480.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740282

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2074 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

487.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44750641

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769833

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781398

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

22.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2075 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786235**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44786735**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44791049**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

98.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2076 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794699

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797180

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATERMAN, WENDY, A, ,Mailing Address 2109 BROADWAY
3-160City
NEW YORKState
NYZip Code
10023-2138FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE JUILLIARD SCHOOLOccupation (for Individual)
INSTRUCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

675.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800057

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2077 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44649565

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44660317

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025

Transaction ID : 44660318

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2078 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

Transaction ID : 44660771

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

Transaction ID : 44666860

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

Transaction ID : 44666861

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2079 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680930

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701461

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719284

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2080 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

462.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44719285**

Amount of Each Receipt this Period

12.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44744057**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

587.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025**Transaction ID : 44751831**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

137.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2081 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44789297**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44791957**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATKINS, HOWARD, K, ,

Mailing Address 1785 W DOVEWOOD LN

City
FRESNOState
CAZip Code
93711-2321FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

642.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799956**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2082 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATROUS, PETER, , ,

Mailing Address 475 DEPOT RD

City
DUANESBURGState
NYZip Code
12056-2503FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676956**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATSON, BETTYE, , ,

Mailing Address 5637 WAINWRIGHT DR

City
FORT WORTHState
TXZip Code
76112-7659FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753516**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATSON, JOSEPH, , ,

Mailing Address 8666 CLIFFRIDGE AVE

City
LA JOLLAState
CAZip Code
92037-2113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684643**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2083 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WATT, NANCY, , ,Mailing Address **459 PASSAIC AVE**
APT 159City
WEST CALDWELLState
NJZip Code
07006-7459FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2025

Transaction ID : 44702408

Amount of Each Receipt this Period

225.00☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WATTS, KATHERINE, , ,Mailing Address **116 POMONA AVE**City
EL CERRITOState
CAZip Code
94530-4137FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2025

Transaction ID : 44693093

Amount of Each Receipt this Period

300.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WATTS, SALLY, W., ,Mailing Address **43 A ATWOOD ST**City
WELLESLEYState
MAZip Code
02482-6061FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2025

Transaction ID : 44735622

Amount of Each Receipt this Period

250.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**775.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2084 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WAX, STEVEN, , ,

Mailing Address 6110 SE MAIN ST

City
PORTLANDState
ORZip Code
97215-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701470

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WAXMAN, J. LESLIE, , ,

Mailing Address 11 EVERGREEN LN

City
MANHATTAN BCHState
CAZip Code
90266-7215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAISEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44649568

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WAXMAN, J. LESLIE, , ,

Mailing Address 11 EVERGREEN LN

City
MANHATTAN BCHState
CAZip Code
90266-7215FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAISEROccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701471

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2085 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEAVER, BARRY, , ,

Mailing Address 6868 PIVOT POINT ST

City
LAS VEGASState
NVZip Code
89148-5141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666867**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEAVER, BARRY, , ,

Mailing Address 6868 PIVOT POINT ST

City
LAS VEGASState
NVZip Code
89148-5141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44676982**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEAVER, BARRY, , ,

Mailing Address 6868 PIVOT POINT ST

City
LAS VEGASState
NVZip Code
89148-5141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753093**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

165.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2086 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEAVER, BARRY, , ,

Mailing Address 6868 PIVOT POINT ST

City
LAS VEGASState
NVZip Code
89148-5141FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44766631

Amount of Each Receipt this Period

60.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEAVER, GEORGE, , ,

Mailing Address 284 RIVER PLANTATION RD

City
CRAWFORDVILLEState
FLZip Code
32327-1504FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44787549

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBB, CHARLES, , ,

Mailing Address 8163 TRINITY WAY CT

City
MECHANICSVILLEState
VAZip Code
23111-7023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44688272

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

410.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2087 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEBB, DAVID, , ,

Mailing Address 377 ROSSUM DR

City
LOVELANDState
COZip Code
80537-9704FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WEBB COMPANIESOccupation (for Individual)
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44748927**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEBBER, CAROL, L, ,

Mailing Address 260 PLEASANT ST

City
PAXTONState
MAZip Code
01612-1408FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702554**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBBER, PATRICK, , ,

Mailing Address PO BOX 233

City
RANCHOS DE TAOSState
NMZip Code
87557-0233FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44794587**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2088 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEBER, JOSEPH, , ,

Mailing Address 7641 CINEBAR DR

City
BOCA RATONState
FLZip Code
33433-6119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701479**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEBER, JOYCE, K, ,

Mailing Address 4110 N CENTRAL PARK AVE

City
CHICAGOState
ILZip Code
60618-2018FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
METROPOLITAN FAMILY SERVICESOccupation (for Individual)
SOCIAL WORKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788322**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBSTER, CHRISTOPHER, , ,

Mailing Address 1820 SWANN ST NW

City
WASHINGTONState
DCZip Code
20009-5531FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OPEN PHILANTHROPYOccupation (for Individual)
IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646190**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2089 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEBSTER, GUY, , ,

Mailing Address 1565 CASA GRANDE ST

City
PASADENAState
CAZip Code
91104-3923FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CALIFORNIA INSTITUTE OF TECHNOLOGYOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666410**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEBSTER, MOLLY, , ,

Mailing Address PO BOX 174

City
SOUTHERN PINESState
NCZip Code
28388-0174FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44787133**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEBSTER, PAUL, , ,

Mailing Address PO BOX 1135

City
OJAIState
CAZip Code
93024-1135FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NABORS INDUSTRIESOccupation (for Individual)
LOGGING GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677003**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2090 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEEKS, MARIAN, , ,

Mailing Address 901 MAINE ST

City
LAWRENCEState
KSZip Code
66044-3951FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782366

Amount of Each Receipt this Period

33.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEICKER, DOROTHY, , ,Mailing Address 1350 YULUPA AVE
APT MCity
SANTA ROSAState
CAZip Code
95405-7264FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.50

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44706301

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEICKER, DOROTHY, , ,Mailing Address 1350 YULUPA AVE
APT MCity
SANTA ROSAState
CAZip Code
95405-7264FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

304.50

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756596

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

148.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2091 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEICKER, DOROTHY, , ,Mailing Address 1350 YULUPA AVE
APT MCity
SANTA ROSAState
CAZip Code
95405-7264FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44786620

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEIL, JAN, , ,Mailing Address 214 E 70TH ST
APT 4City
NEW YORKState
NYZip Code
10021-5425FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44649579

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEILER, HEROLD, , ,

Mailing Address 2745 MAPLEWOOD AVE

City
WINSTON SALEMState
NCZip Code
27103-4115FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44706303

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

760.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2092 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEILERSTEIN, ALISA, , ,Mailing Address 690 RIVERSIDE DR
APT 4FCity
NEW YORKState
NYZip Code
10031-4327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPUS 3 ARTISTSOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44769024

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEILERSTEIN, ALISA, , ,Mailing Address 690 RIVERSIDE DR
APT 4FCity
NEW YORKState
NYZip Code
10031-4327FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPUS 3 ARTISTSOccupation (for Individual)
ARTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44797313

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINER, BRUCE, H, ,

Mailing Address 7099 AYRSHIRE LN

City
BOCA RATONState
FLZip Code
33496-1419FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44702631

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

338.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2093 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINER, JAMES, , ,

Mailing Address 2550 N LAKEVIEW AVE

City
CHICAGOState
ILZip Code
60614-2045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INHERITING WISDOMOccupation (for Individual)
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677017**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINER, JERALD, , ,

Mailing Address PO BOX 460

City
MANCHESTERState
WAZip Code
98353-0460FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
THE MISSING LINK, INC.Occupation (for Individual)
GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760615**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINHOLD, ALBERT, RAYMOND, ,Mailing Address 7501 E THOMPSON PEAK PKWY
UNIT 303City
SCOTTSDALEState
AZZip Code
85255-4535FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758788**

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2094 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINRIB, LITA, , ,Mailing Address **55 E END AVE**
APT 8ECity
NEW YORKState
NYZip Code
10028-7935FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44719358

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINRIB, LITA, , ,Mailing Address **55 E END AVE**
APT 8ECity
NEW YORKState
NYZip Code
10028-7935FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44719359

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINRIB, LITA, , ,Mailing Address **55 E END AVE**
APT 8ECity
NEW YORKState
NYZip Code
10028-7935FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2025

Transaction ID : 44719360

Amount of Each Receipt this Period

50.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025****SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶**150.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2095 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINRIB, LITA, , ,Mailing Address 55 E END AVE
APT 8ECity
NEW YORKState
NYZip Code
10028-7935FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730585**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINRIB, LITA, , ,Mailing Address 55 E END AVE
APT 8ECity
NEW YORKState
NYZip Code
10028-7935FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44736657**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINSTEIN, ANN, W, ,

Mailing Address 201 BAY HILL DR

City
NEWPORT BEACHState
CAZip Code
92660-5234FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649583**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2096 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINSTEIN, FELICE, , ,Mailing Address 16 MEADOW LKS
APT L21City
HIGHTSTOWNState
NJZip Code
08520-3396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641436**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINSTEIN, FELICE, , ,Mailing Address 16 MEADOW LKS
APT L21City
HIGHTSTOWNState
NJZip Code
08520-3396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751981**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINSTEIN, JASON, , ,

Mailing Address 1114 37TH AVE E

City
SEATTLEState
WAZip Code
98112-4432FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMAZONOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44760956**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2097 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINSTEIN, JEREMY, , ,

Mailing Address 1512 BONANZA ST

City
WALNUT CREEKState
CAZip Code
94596-4524FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LAW OFFICES OF JEREMY D. WEINSTEIN, P.Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025**Transaction ID : 44726476**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINSTEIN, MARTIN, , ,

Mailing Address 1339 ALBANY POST RD

City
CROTON ON HUDSONState
NYZip Code
10520-1568FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENERAL TOOLSOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025**Transaction ID : 44677026**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINSTEIN, MARTIN, , ,

Mailing Address 1339 ALBANY POST RD

City
CROTON ON HUDSONState
NYZip Code
10520-1568FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GENERAL TOOLSOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44701497**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2098 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEINTRAUB, MELISSA, , ,

Mailing Address 2790 SW DEARMOND DR

City
CORVALLISState
ORZip Code
97333-1440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.24

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44726297

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEINTRAUB, MELISSA, , ,

Mailing Address 2790 SW DEARMOND DR

City
CORVALLISState
ORZip Code
97333-1440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.24

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44730586

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEINTRAUB, MELISSA, , ,

Mailing Address 2790 SW DEARMOND DR

City
CORVALLISState
ORZip Code
97333-1440FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.48

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44798883

Amount of Each Receipt this Period

20.24

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2099 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEIR, JALEN, M, ,

Mailing Address 4880 HOUSTON RD

City
FLORENCEState
KYZip Code
41042-1363FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ASHLEY QUATERS HOTELOccupation (for Individual)
HOTEL MAINTENANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681318**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEIS, JUDITH, , ,Mailing Address 170 W END AVE
APT 12NCity
NEW YORKState
NYZip Code
10023-5404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUTGERS UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44767784**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISS, DONNA, , ,

Mailing Address 600 HARDINGVILLE RD

City
MONROEVILLEState
NJZip Code
08343-2802FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702415**

Amount of Each Receipt this Period

150.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2100 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISS, ELIZABETH, R., ,Mailing Address 1800 GLENWOOD OAKS CT
APT ACity
URBANAState
ILZip Code
61801FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
NULLOccupation (for Individual)
NULL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44706616**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISS, HOWARD, , ,

Mailing Address 95 MIDDLE BEACH RD

City
MADISONState
CTZip Code
06443-3006FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44766312**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEISS, LARRY, S, ,

Mailing Address 23911 HALBURTON RD

City
BEACHWOODState
OHZip Code
44122-4124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44726303**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

575.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2101 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEISSMAN, RICHARD, , ,

Mailing Address 7616 ASHTON CT

City
WEST HILLSState
CAZip Code
91304-5263FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RICHARD WEISSMAN INC. APCOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693125**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEITZ, STEVENSON, , ,Mailing Address 2101 CONNECTICUT AVE NW
APT 32City
WASHINGTONState
DCZip Code
20008-1754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666896**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660369**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2102 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44666899

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44677036

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

685.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44680959

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2103 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44680960

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719384

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719387

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2104 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44741999

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELCH, JOHN, , ,

Mailing Address 808 CARROLL ST

City
BROOKLYNState
NYZip Code
11215-1427FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783074

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELCH, LORRAINE, , ,

Mailing Address 185 PINE HAVEN SHORES RD
APT 113City
SHELBURNEState
VTZip Code
05482-7807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44763315

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2105 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELLES, CLIFF, , ,

Mailing Address 9976 PUOPOLO LN

City
BONITA SPRINGSState
FLZip Code
34135-4719FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44755163**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELLS, JOHN, S, ,

Mailing Address 1043 DON ALVARADO ST

City
ARCADIAState
CAZip Code
91006-2023FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025**Transaction ID : 44693622**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WELLS, NORM, , ,Mailing Address 900 UNIVERSITY ST
APT 6ECity
SEATTLEState
WAZip Code
98101-2728FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44694886**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2106 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WELLS, WILMA, M., ,

Mailing Address 3825 FILLMORE ST

City
SAINT LOUISState
MOZip Code
63116-3113FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719406**

Amount of Each Receipt this Period

225.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WELSH, ANN, , ,

Mailing Address 3 FAIRCHILD DR

City
DURHAMState
NHZip Code
03824-1945FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FARMINGTON, NH SCHOOL DISTRICTOccupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719410**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENTWORTH, DAVID, , ,

Mailing Address 5709 LENOX RD

City
BETHESDAState
MDZip Code
20817-6039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
AMERICAN COUNCIL OF LIFE INSURERSOccupation (for Individual)
RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719418**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

975.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2107 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693138**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693139**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

258.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719420**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2108 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENZEL, DONNA, , ,

Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706323

Amount of Each Receipt this Period

7.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENZEL, DONNA, , ,

Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726309

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENZEL, DONNA, , ,

Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730600

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2109 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730601**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739973**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

381.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768892**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2110 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783283

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WENZEL, DONNA, , ,Mailing Address 5354 W 62ND ST
APT 369City
INDIANAPOLISState
INZip Code
46268-4485FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785329

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WERNER, MATT, , ,

Mailing Address 117 EL CAMINO REAL

City
BERKELEYState
CAZip Code
94705-2822FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CBRE GROUPOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666908

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2111 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WERNER, MATT, , ,

Mailing Address 117 EL CAMINO REAL

City
BERKELEYState
CAZip Code
94705-2822FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CBRE GROUPOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44746317

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WERSAL, LISA, , ,

Mailing Address 4525 BIRCH RIDGE RD

City
VADNAIS HTSState
MNZip Code
55127-3624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724612

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEST, GEORGE, , ,

Mailing Address 634 MAID MARION RD

City
ANNAPOLISState
MDZip Code
21405-2026FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745375

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2112 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEST, KIM, , ,

Mailing Address 16254 MILLENNIUM DR

City
PLAYA VISTAState
CAZip Code
90094FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CLYDE & COOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783908**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEST, RICHARD, , ,

Mailing Address 1600 MOUNTAIN BLVD

City
OAKLANDState
CAZip Code
94611-2108FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719430**

Amount of Each Receipt this Period

400.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEST, SALLY, , ,

Mailing Address 1454 CORNELL RD NE

City
ATLANTAState
GAZip Code
30306-2404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMORY CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701533**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2113 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEST, SALLY, , ,

Mailing Address 1454 CORNELL RD NE

City
ATLANTAState
GAZip Code
30306-2404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMORY CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737895

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEST, SALLY, , ,

Mailing Address 1454 CORNELL RD NE

City
ATLANTAState
GAZip Code
30306-2404FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EMORY CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800072

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTERBACK, TOM, , ,

Mailing Address 2707 WARREN AVE N

City
SEATTLEState
WAZip Code
98109-1731FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025

Transaction ID : 44666913

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2114 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WESTERBACK, TOM, , ,

Mailing Address 2707 WARREN AVE N

City
SEATTLEState
WAZip Code
98109-1731FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44666914

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WESTERGAARD, JON, , ,

Mailing Address 5902 SEWARD PARK AVE S

City
SEATTLEState
WAZip Code
98118-3051FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719442

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTOVER, PHYLLIS, G., ,

Mailing Address 6241 ROSEWOOD CT

City
MISSIONState
KSZip Code
66205-3063FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44695416

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2115 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WESTRE, WILLARD, , ,

Mailing Address 15704 SE 44TH ST

City
BELLEVUEState
WAZip Code
98006-4514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOEINGOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44649603

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEXLER, ANDREW, , ,

Mailing Address 17660 CAMINO DE YATASTO

City
PACIFIC PALISADESState
CAZip Code
90272-2014FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2025

Transaction ID : 44644705

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WEYAND, JOHN, , ,

Mailing Address PO BOX 903

City
FALMOUTHState
MAZip Code
02541-0903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

181.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44701376

Amount of Each Receipt this Period

- 25.00

☐ Memo Item

NSF - EARMARKED THROUGH ACTBLUE

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2116 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WEYAND, JOHN, , ,

Mailing Address PO BOX 903

City
FALMOUTHState
MAZip Code
02541-0903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701539**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEYAND, JOHN, , ,

Mailing Address PO BOX 903

City
FALMOUTHState
MAZip Code
02541-0903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44726318**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHEELER, ANDREW, , ,

Mailing Address 3411 DIXON RD

City
DURHAMState
NCZip Code
27707-4609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688312**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2117 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHEELER, ANDREW, , ,

Mailing Address 3411 DIXON RD

City
DURHAMState
NCZip Code
27707-4609FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755800**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHEELER, BARRIE, , ,

Mailing Address 88 OTIS ST

City
NEWTONVILLEState
MAZip Code
02460-1827FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HAMMOND RESIDENTIALOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693686**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHEELER, DAVID, , ,

Mailing Address 200 ALLIANCE WAY

City
MANCHESTERState
NHZip Code
03102-8400FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660403**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1010.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2118 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHEELER, DAVID, , ,

Mailing Address 200 ALLIANCE WAY

City
MANCHESTERState
NHZip Code
03102-8400FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44688311

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHEELER, DAVID, , ,

Mailing Address 200 ALLIANCE WAY

City
MANCHESTERState
NHZip Code
03102-8400FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706331

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHEELER, DAVID, , ,

Mailing Address 200 ALLIANCE WAY

City
MANCHESTERState
NHZip Code
03102-8400FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785675

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2119 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHEELER, DIANE, J., ,

Mailing Address 3550 S BOND AVE
UNIT 317City
PORTLANDState
ORZip Code
97239-4708FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44731224

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHEELER, STEPHEN, , ,

Mailing Address 1539 MONROVIA AVE
STE 23City
NEWPORT BEACHState
CAZip Code
92663-2853FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FREEFORM R & DOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025

Transaction ID : 44641488

Amount of Each Receipt this Period

750.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHELAN, CONSTANCE, , ,

Mailing Address 3747 SE ALDER ST

City
PORTLANDState
ORZip Code
97214-3207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684109

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2120 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITCOMB, DAVID, , ,

Mailing Address 136 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-6821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677095

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITCOMB, DAVID, , ,

Mailing Address 136 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-6821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677096

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITCOMB, DAVID, , ,

Mailing Address 136 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-6821FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719464

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2121 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITCOMB, DAVID, , ,

Mailing Address 136 WAVERLY PL

City
NEW YORKState
NYZip Code
10014-6821FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751143**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, CAROLINE, , ,

Mailing Address 175 HARTFORD AVE

City
EAST GRANBYState
CTZip Code
06026-9520FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731216**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, GREG, , ,

Mailing Address 6419 CHERRY HILL PKWY

City
FORT WAYNEState
INZip Code
46835-9637FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701554**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2122 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, HENRY, , ,

Mailing Address 5 HAVEN DR

City
PETALUMAState
CAZip Code
94952-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US VETERANS ADMINISTRATIONOccupation (for Individual)
NURSE INFORMATICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44681632**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, HENRY, , ,

Mailing Address 5 HAVEN DR

City
PETALUMAState
CAZip Code
94952-2427FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US VETERANS ADMINISTRATIONOccupation (for Individual)
NURSE INFORMATICIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740664**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, MICHAEL, , ,

Mailing Address 2414 E MAXWELL LN

City
BLOOMINGTONState
INZip Code
47401-6192FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688322**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2123 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, MOLLY, , ,

Mailing Address 6017 GLENMARY RD

City
KNOXVILLEState
TNZip Code
37919-8634FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644712**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, PATRICIA, S, ,Mailing Address 1500 N LAKELINE BLVD
APT 125City
CEDAR PARKState
TXZip Code
78613-6790FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702235**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITE, THOMAS, , ,

Mailing Address 3375 MARSDEN PT

City
KESWICKState
VAZip Code
22947-9133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730625**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2124 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITE, THOMAS, , ,

Mailing Address 3375 MARSDEN PT

City
KESWICKState
VAZip Code
22947-9133FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44790031**

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITE, TOM, , ,

Mailing Address 4785 DRAKE RD

City
CINCINNATIState
OHZip Code
45243-4119FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677112**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITEHOUSE, GLENN, , ,Mailing Address 4731 BONITA BAY BLVD
UNIT 1903City
BONITA SPRINGSState
FLZip Code
34134-6715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLORIDA GULF COAST UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641506**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2125 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WHITEHOUSE, GLENN, , ,Mailing Address 4731 BONITA BAY BLVD
UNIT 1903City
BONITA SPRINGSState
FLZip Code
34134-6715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLORIDA GULF COAST UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719497

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WHITEHOUSE, GLENN, , ,Mailing Address 4731 BONITA BAY BLVD
UNIT 1903City
BONITA SPRINGSState
FLZip Code
34134-6715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FLORIDA GULF COAST UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44801558

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WHITING, CAROLYN, , ,

Mailing Address 17 CHESTNUT RD

City
READINGState
MAZip Code
01867-2142FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BETH ISRAEL DEACONESS MEDICAL CENTEROccupation (for Individual)
COMPUTER PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701571

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

225.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2126 OF 2977
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WICKS, MICHAEL, , ,

Mailing Address 101 JADE HILLS DR NE

City
SILVERTONState
ORZip Code
97381-2203FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723665**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIECK, LEE, , ,

Mailing Address 860 ELLIOTT ST

City
LONGMONTState
COZip Code
80504-4672FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759752**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILCOX, CARL, , ,

Mailing Address 2320 LAS FLORES DR

City
NAPAState
CAZip Code
94558-2241FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44644738**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/03/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2127 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILCOX, CARL, , ,

Mailing Address 2320 LAS FLORES DR

City
NAPAState
CAZip Code
94558-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706353

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILCOX, CARL, , ,

Mailing Address 2320 LAS FLORES DR

City
NAPAState
CAZip Code
94558-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751733

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILCOX, CARL, , ,

Mailing Address 2320 LAS FLORES DR

City
NAPAState
CAZip Code
94558-2241FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781565

Amount of Each Receipt this Period

56.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

146.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2128 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILCOX, CARL, , ,

Mailing Address 2320 LAS FLORES DR

City
NAPAState
CAZip Code
94558-2241FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STATE OF CALIFORNIAOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783234

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILCOX, PHYLLIS, , ,

Mailing Address 1414 GIRARD BLVDSE

City
ALBUQUERQUEState
NMZip Code
87106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677157

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILCOX, PHYLLIS, , ,

Mailing Address 1414 GIRARD BLVDSE

City
ALBUQUERQUEState
NMZip Code
87106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719542

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2129 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILCOX, PHYLLIS, , ,

Mailing Address 1414 GIRARD BLVDSE

City
ALBUQUERQUEState
NMZip Code
87106FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF NEW MEXICOOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44744543

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILCOX, ROGER, , ,

Mailing Address 3743 E LITTLE COTTONWOOD LN

City
SANDYState
UTZip Code
84092-6055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WILCOX WEST ENTERPRISES, INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742274

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILCOX, ROGER, , ,

Mailing Address 3743 E LITTLE COTTONWOOD LN

City
SANDYState
UTZip Code
84092-6055FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WILCOX WEST ENTERPRISES, INC.Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

270.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44756790

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

170.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2130 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILEY, ELIZABETH, , ,

Mailing Address 998 E 1000 N

City
LA PORTEState
INZip Code
46350-8636FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ILLINOISOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025**Transaction ID : 44733269**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.75

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025**Transaction ID : 44688351**

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

241.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025**Transaction ID : 44693204**

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2131 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025

Transaction ID : 44693205

Amount of Each Receipt this Period

20.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730638

Amount of Each Receipt this Period

20.25

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745127

Amount of Each Receipt this Period

30.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2132 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILKINS, CONSTANCE, , ,

Mailing Address 44 ENFIELD RD

City
PELHAMState
MAZip Code
01002-9738FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.25

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44761587

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLENBORG, EILEEN, M, ,

Mailing Address 11640 PROSPECT DR

City
NEW BUFFALOState
MIZip Code
49117-9238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025

Transaction ID : 44649640

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLENBORG, EILEEN, M, ,

Mailing Address 11640 PROSPECT DR

City
NEW BUFFALOState
MIZip Code
49117-9238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44742330

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2133 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLENBORG, EILEEN, M, ,

Mailing Address 11640 PROSPECT DR

City
NEW BUFFALOState
MIZip Code
49117-9238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44781432**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLENBORG, EILEEN, M, ,

Mailing Address 11640 PROSPECT DR

City
NEW BUFFALOState
MIZip Code
49117-9238FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801653**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLHOUSE, LETA, F., ,

Mailing Address 1662 CLOISTER DR

City
INDIANAPOLISState
INZip Code
46260-1010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44724163**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2134 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLI, PAUL, A, ,

Mailing Address 707 KENILWORTH DR

City
GREENVILLEState
SCZip Code
29615-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706365

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLI, PAUL, A, ,

Mailing Address 707 KENILWORTH DR

City
GREENVILLEState
SCZip Code
29615-2334FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726343

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, BRENDA, , ,

Mailing Address 6727 DONAHUE DR

City
GLEN ALLENState
VAZip Code
23059-7096FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44789371

Amount of Each Receipt this Period

212.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

288.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2135 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, BRIAN, , ,

Mailing Address 1419 E 77TH ST

City
INDIANAPOLISState
INZip Code
46240-2815FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EPAMOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693217**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, DARRYL, , ,

Mailing Address 627 DEEP VALLEY DR

City
ROLLING HILLS ESTATESState
CAZip Code
90274-3733FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693219**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, FREDERICK, , ,

Mailing Address 1648 PLYMOUTH AVE

City
SAN FRANCISCOState
CAZip Code
94127-2118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688361**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2136 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, FREDERICK, , ,

Mailing Address 1648 PLYMOUTH AVE

City
SAN FRANCISCOState
CAZip Code
94127-2118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719564

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, FREDERICK, , ,

Mailing Address 1648 PLYMOUTH AVE

City
SAN FRANCISCOState
CAZip Code
94127-2118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44726359

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, FREDERICK, , ,

Mailing Address 1648 PLYMOUTH AVE

City
SAN FRANCISCOState
CAZip Code
94127-2118FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782424

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2137 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, JAMES, T., ,

Mailing Address 13414 TAMARACK RD

City
SILVER SPRINGState
MDZip Code
20904-1469FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44760449

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, MATILDA, K., ,

Mailing Address 1021 HARDING ST

City
SEMINOLEState
OKZip Code
74868-2915FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44739304

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, MEREDITH, , ,

Mailing Address 3908 N CHARLES ST
APT 302City
BALTIMOREState
MDZip Code
21218-1740FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JOHNS HOPKINSOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792153

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2138 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, NANCY, , ,

Mailing Address 9882 BAUGHMAN RD

City
HARRISONState
OHZip Code
45030-1771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025

Transaction ID : 44730659

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMS, PHILLIP, , ,

Mailing Address 601 S WASHINGTON ST

City
STILLWATERState
OKZip Code
74074-4539FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OKLAHOMA STATE UNIVERSITYOccupation (for Individual)
WEB DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737207

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIAMS, TIMOTHY, , ,

Mailing Address 2517 PINE ST

City
MARTINEZState
CAZip Code
94553-3370FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44684641

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1265.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2139 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLIAMS, TOM, , ,

Mailing Address 432 HURST DR

City
BAY VILLAGEState
OHZip Code
44140-1449FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ALCOHOL DRUG ADDICTION MENTALOccupation (for Individual)
DATA ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760808**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLIAMSON, WILLIAM, , ,

Mailing Address 18 GROVE ST

City
ROCKLANDState
MEZip Code
04841-2907FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACUPUNCTURIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44702600**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLIS, DIANE, J., ,

Mailing Address 4520 RIDGELINE DR

City
NORMANState
OKZip Code
73072-1729FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44684303**

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2140 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLSON, JOAN, C, ,

Mailing Address 2957 CANONITA DR

City
FALLBROOKState
CAZip Code
92028-8771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677245

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILLSON, JOAN, C, ,

Mailing Address 2957 CANONITA DR

City
FALLBROOKState
CAZip Code
92028-8771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726364

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILLSON, JOAN, C, ,

Mailing Address 2957 CANONITA DR

City
FALLBROOKState
CAZip Code
92028-8771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44740925

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILLSON, JOAN, C, ,

Mailing Address 2957 CANONITA DR

City
FALLBROOKState
CAZip Code
92028-8771FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44783783**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, ALETTA, T., ,

Mailing Address PO BOX 1088

City
MESILLA PARKState
NMZip Code
88047-1088FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44654743**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, DEBORAH, , ,Mailing Address 10250 N 92ND ST
STE 102City
SCOTTSDALEState
AZZip Code
85258-4517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44782090**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1031.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2142 OF 2977

(check only one)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, DENNIS, , ,

Mailing Address 9953 ZAHM RD

City
FORESTVILLEState
NYZip Code
14062-9663FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FORESTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44755834**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, IAN, , ,

Mailing Address 7965 E VIEWRIM DR

City
ANAHEIMState
CAZip Code
92808-2134FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762391**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, JAMES, , ,

Mailing Address 8039 VISTA FOREST DR

City
ROANOKEState
VAZip Code
24018-5707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARILION CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667006**

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, JAMES, , ,

Mailing Address 8039 VISTA FOREST DR

City
ROANOKEState
VAZip Code
24018-5707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARLION CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677275**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, JAMES, , ,

Mailing Address 8039 VISTA FOREST DR

City
ROANOKEState
VAZip Code
24018-5707FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CARLION CLINICOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44765778**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, JOSIE, , ,

Mailing Address 263 TERRACE ST

City
ASHLANDState
ORZip Code
97520-2834FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUTHERN OREGON UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44768938**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2144 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KATHRYN, , ,

Mailing Address 15 ESTATES DR

City
SAN ANSELMOState
CAZip Code
94960-1017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44752729**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719665**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719668**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2145 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 20 / 2025

Transaction ID : 44734595

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44735748

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44751565

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2146 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44751988

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44754693

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44783125

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44785961**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787064**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

326.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44800710**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2148 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KOH SIOK, TIAN, ,

Mailing Address 4292 ELMER AVE

City
NORTH HOLLYWOODState
CAZip Code
91602-2640FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44800816**

Amount of Each Receipt this Period

29.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, LANA, L, ,

Mailing Address 825 W CALLE RANUNCULO

City
TUCSONState
AZZip Code
85704-4754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732987**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, LANA, L, ,

Mailing Address 825 W CALLE RANUNCULO

City
TUCSONState
AZZip Code
85704-4754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761577**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2149 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, LANA, L, ,

Mailing Address 825 W CALLE RANUNCULO

City
TUCSONState
AZZip Code
85704-4754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025**Transaction ID : 44761901**

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, LANA, L, ,

Mailing Address 825 W CALLE RANUNCULO

City
TUCSONState
AZZip Code
85704-4754FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44799934**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, MARTIN, F, ,Mailing Address 3930 AFFINITY LN
UNIT 440City
BELLINGHAMState
WAZip Code
98226-4517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

785.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44719671**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

71.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2150 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, PAUL, A., ,

Mailing Address 26 HONEY LOCUST DR

City
TOPSHAMState
MEZip Code
04086-1760FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723706**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILSON, SANDRA, , ,

Mailing Address 112 WARREN RD

City
AUGUSTAState
GAZip Code
30907-3755FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHOGOccupation (for Individual)
REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44739102**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WILSON, STANLEY, , ,

Mailing Address 693 ADIRONDACK AVE

City
VENTURAState
CAZip Code
93003-1117FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660529**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2151 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON-FONTAINE, KAREN, , ,

Mailing Address 1763 BRADFORD WAY

City
LIVERMOREState
CAZip Code
94550-6461FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WILSON FONTAINE ENTOccupation (for Individual)
REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025

Transaction ID : 44719672

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINEGARDNER, VINCENT, , ,

Mailing Address 13412 ROBERT WALKER DR

City
DAVIDSONState
NCZip Code
28036-6007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44677289

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINFIELD, DAVID, , ,Mailing Address 415 RUSSELL AVE
APT 910City
GAITHERSBURGState
MDZip Code
20877-2842FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44784082

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2152 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINKLE, CURTIS, A, ,

Mailing Address 1120 E DAVIS DR

City
TERRE HAUTEState
INZip Code
47802-4057FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025**Transaction ID : 44759570**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736649**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

236.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44736908**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2153 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44738649**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44746392**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44753106**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2154 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753930**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762196**

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44766535**

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2155 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINKLER, PETER, , ,

Mailing Address 200 GREENSBURG CIR

City
RENOState
NVZip Code
89509-6807FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785139**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINKLER, SARAH, , ,

Mailing Address 1000 SHIRLEY RD

City

BIRMINGHAM

State

MI

Zip Code

48009-3709

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693257**

Amount of Each Receipt this Period

125.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINSTON, ALAN, P, ,

Mailing Address 1122 HUDSON ST

City

REDWOOD CITY

State

CA

Zip Code

94061-2209

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANFORD UNIVERSITYOccupation (for Individual)
COMPUTER SYSTEMS ADMINISTRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 07 / 2025**Transaction ID : 44677622**

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

440.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2156 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WINSTON, SHARON, L., ,

Mailing Address 14 BURROUGHS RD

City
NORTH READINGState
MAZip Code
01864-1220FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BANK OF AMERICAOccupation (for Individual)
CONTENT STRATEGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681567

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINTERBLE, EILEEN, S., ,Mailing Address 8373 NARCOOSSEE RD
APT 1202City
ORLANDOState
FLZip Code
32827-5610FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44688388

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINTNER, MARK, , ,

Mailing Address 8 HASTINGS LNDG

City
HASTINGS HDSNState
NYZip Code
10706-2912FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681036

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2157 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WIRTH, TIMOTHY, E, ,Mailing Address 3900 B WATSON PL NW
APT 6HCity
WASHINGTONState
DCZip Code
20016-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UN FRLUOccupation (for Individual)
FOUNDATION EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 04 / 2025**Transaction ID : 44649673**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIRTH, TIMOTHY, E, ,Mailing Address 3900 B WATSON PL NW
APT 6HCity
WASHINGTONState
DCZip Code
20016-5700FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UN FRLUOccupation (for Individual)
FOUNDATION EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44719696**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WISE, GEORGE, , ,

Mailing Address 14945 NE SPRINGBROOK RD

City
NEWBERGState
ORZip Code
97132-6954FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44783582**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1550.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2158 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WISHON, TOM, , ,

Mailing Address 251 HORSE THIEF LN

City
DURANGOState
COZip Code
81301-3106FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681834

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WISINSKI, LARRY, , ,

Mailing Address 3021 COPA DE ORO DR

City
LOS ALAMITOSState
CAZip Code
90720-5210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724205

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WITTIG, DALE, , ,

Mailing Address 2036 CHESAPEAKE RD

City
ANNAPOLISState
MDZip Code
21409-5715FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44745697

Amount of Each Receipt this Period

159.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

609.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2159 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WITTMANN, MARCIA, L., ,

Mailing Address 56 DILLON WAY

City
WASHINGTON CROSSINGState
PAZip Code
18977-1362FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44771363

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WIZNIA, ANDREW, , ,

Mailing Address 116 THE FARMS RD

City
BEDFORDState
NYZip Code
10506-1419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAGNYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44667023

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WIZNIA, ANDREW, , ,

Mailing Address 116 THE FARMS RD

City
BEDFORDState
NYZip Code
10506-1419FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PAGNYOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

276.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44677323

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

338.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2160 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLANIN, BARBARA, , ,

Mailing Address 7807 HAMILTON SPRING RD

City
BETHESDAState
MDZip Code
20817-4547FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44733634**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLF, KELLY, , ,Mailing Address 1011 TENNANTVILLE RD
83City
NORTHVILLEState
NYZip Code
12134-3605FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745209**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLFBURG, STEPHEN, , ,Mailing Address 1010 MEMORIAL DR
APT 17ACity
CAMBRIDGEState
MAZip Code
02138-4857FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665455**

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2161 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLFF, CHARLES, , ,Mailing Address 4947 TERRA GRANADA DR
APT 1BCity
WALNUT CREEKState
CAZip Code
94595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2025

Transaction ID : 44693278

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLFF, CHARLES, , ,Mailing Address 4947 TERRA GRANADA DR
APT 1BCity
WALNUT CREEKState
CAZip Code
94595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025

Transaction ID : 44726402

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLFF, CHARLES, , ,Mailing Address 4947 TERRA GRANADA DR
APT 1BCity
WALNUT CREEKState
CAZip Code
94595FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44800766

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2162 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLFF, THOMAS, , ,

Mailing Address 6131 WESTLEIGH CT

City
LISLEState
ILZip Code
60532-4200FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

WOLFF INFORMATION CONSULTING LLC

Occupation (for Individual)

PATENT INFORMATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44770551

Amount of Each Receipt this Period

200.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOLFF, THOMAS, , ,

Mailing Address 6131 WESTLEIGH CT

City
LISLEState
ILZip Code
60532-4200FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

WOLFF INFORMATION CONSULTING LLC

Occupation (for Individual)

PATENT INFORMATION SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44787418

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLFSON, STEVEN, , ,

Mailing Address 1 MOOSE HILL RD

City
GUILFORDState
CTZip Code
06437-2396FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

YALE SCHOOL OF MEDICINE

Occupation (for Individual)

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2025

Transaction ID : 44681047

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2163 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLFSON, STEVEN, , ,

Mailing Address 1 MOOSE HILL RD

City
GUILFORDState
CTZip Code
06437-2396FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
YALE SCHOOL OF MEDICINEOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025

Transaction ID : 44706424

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOO, BARBARA ELAINE, , ,

Mailing Address 3001 120TH AVE NE

City
BELLEVUEState
WAZip Code
98005-1517FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719758

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOD, AKASHA, , ,

Mailing Address 202 AUGUSTA RD

City
CLEMSONState
SCZip Code
29631-1952FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801344

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2164 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOD, DON, , ,Mailing Address 77 -6425 KUAKINI HWY
STE C26City
KAILUA KONAState
HIZip Code
96740-3207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646219**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOD, DON, , ,Mailing Address 77 -6425 KUAKINI HWY
STE C26City
KAILUA KONAState
HIZip Code
96740-3207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788606**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOD, PAUL, , ,

Mailing Address 211 SOMERVELLE ST

City
ALEXANDRIAState
VAZip Code
22304-8617FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44728633**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2165 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOD, SUSAN, E, ,

Mailing Address 122 S HELEN AVE

City
ROCHESTER HILLSState
MIZip Code
48307-2526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OAKLAND UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 17 / 2025**Transaction ID : 44706428**

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOD, SUSAN, E, ,

Mailing Address 122 S HELEN AVE

City
ROCHESTER HILLSState
MIZip Code
48307-2526FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OAKLAND UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44789836**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODLING, DALE, , ,

Mailing Address 4508 CINNAMON DR

City
SARASOTAState
FLZip Code
34238-8559FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44665073**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

588.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2166 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOODS, CHARLES, , ,

Mailing Address 6444 SW MIDMAR PL

City
PORTLANDState
ORZip Code
97223-7589FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44649696**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/04/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOODS, CHARLES, , ,

Mailing Address 6444 SW MIDMAR PL

City
PORTLANDState
ORZip Code
97223-7589FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44740377**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOODS, PAUL, T, ,

Mailing Address PO BOX 1037

City
NEVADA CITYState
CAZip Code
95959-1037FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677358**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2167 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOLEY, MICHAEL, , ,

Mailing Address 506 POSSUM OAK

City
SHAVANO PARKState
TXZip Code
78230-5633FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737470**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOLSEY, SALLY, , ,

Mailing Address 62 ARLINGTON AVE

City
OAKLANDState
CAZip Code
94606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785566**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOLSEY, SALLY, , ,

Mailing Address 62 ARLINGTON AVE

City
OAKLANDState
CAZip Code
94606FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44792098**

Amount of Each Receipt this Period

6.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

512.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2168 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOOLSEY, SALLY, , ,

Mailing Address 62 ARLINGTON AVE

City
OAKLANDState
CAZip Code
94606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44794914

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOOLSEY, SALLY, , ,

Mailing Address 62 ARLINGTON AVE

City
OAKLANDState
CAZip Code
94606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44795909

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOOTERS, PATRICIA, , ,

Mailing Address 19 MANSFIELD PL

City
SUFFERNState
NYZip Code
10901-5513FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44743520

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2169 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WORTMAN, RICHARD, , ,

Mailing Address 2423 BEACH ST

City
NAPAState
CAZip Code
94558-3625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677378

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WORTMAN, RICHARD, , ,

Mailing Address 2423 BEACH ST

City
NAPAState
CAZip Code
94558-3625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025

Transaction ID : 44677379

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WORTMAN, RICHARD, , ,

Mailing Address 2423 BEACH ST

City
NAPAState
CAZip Code
94558-3625FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025

Transaction ID : 44737792

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2170 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOZNIAK, DELIA, M, ,

Mailing Address 3716 N BERNARD ST

City
CHICAGOState
ILZip Code
60618-4207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DMW AND ASSOCIATES INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44688414

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WOZNIAK, DELIA, M, ,

Mailing Address 3716 N BERNARD ST

City
CHICAGOState
ILZip Code
60618-4207FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
DMW AND ASSOCIATES INC.Occupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44688416

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOZNIAK, GORDON, , ,

Mailing Address 141 PARKSIDE DR

City
BERKELEYState
CAZip Code
94705-2411FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2025

Transaction ID : 44688415

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2171 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRATHER, CHARLES, , ,

Mailing Address 122 CREEK LN

City
SILVERTHORNEState
COZip Code
80498-9246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730708**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRATHER, CHARLES, , ,

Mailing Address 122 CREEK LN

City
SILVERTHORNEState
COZip Code
80498-9246FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

439.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44751146**

Amount of Each Receipt this Period

187.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRAY, DAVID, , ,

Mailing Address PSC 809 BOX 2487

City
FPOState
AEZip Code
09626-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
COMMUNICATION ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641676**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2172 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRAY, DAVID, , ,

Mailing Address PSC 809 BOX 2487

City
FPOState
AEZip Code
09626-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
COMMUNICATION ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660616**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRAY, DAVID, , ,

Mailing Address PSC 809 BOX 2487

City
FPOState
AEZip Code
09626-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
COMMUNICATION ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44745147**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRAY, DAVID, , ,

Mailing Address PSC 809 BOX 2487

City
FPOState
AEZip Code
09626-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
COMMUNICATION ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761442**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2173 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRAY, DAVID, , ,

Mailing Address PSC 809 BOX 2487

City
FPOState
AEZip Code
09626-0025FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
US NAVYOccupation (for Individual)
COMMUNICATION ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785654**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRAY, JERALD, , ,Mailing Address 101 W WINDSOR RD
APT 1204

City

URBANA

State

IL

Zip Code

61802-4684

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719801**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, ANN, , ,

Mailing Address 14629 CHARTER OAK BLVD

City

SALINAS

State

CA

Zip Code

93907-1015

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HARTNELL COLLEGEOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44784684**

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

335.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2174 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, BRENDA, , ,

Mailing Address 1012 COUNTRY CLUB DR

City
ESCONDIDOState
CAZip Code
92029-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2025**Transaction ID : 44719818**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, BRENDA, , ,

Mailing Address 1012 COUNTRY CLUB DR

City
ESCONDIDOState
CAZip Code
92029-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2025**Transaction ID : 44726428**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, BRENDA, , ,

Mailing Address 1012 COUNTRY CLUB DR

City
ESCONDIDOState
CAZip Code
92029-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

222.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44738535**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2175 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, BRENDA, , ,

Mailing Address 1012 COUNTRY CLUB DR

City
ESCONDIDOState
CAZip Code
92029-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757848**

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, BRENDA, , ,

Mailing Address 1012 COUNTRY CLUB DR

City
ESCONDIDOState
CAZip Code
92029-1514FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44762788**

Amount of Each Receipt this Period

10.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, CAROLE, , ,

Mailing Address 6595 AVENIDA DE GALVEZ

City
NAVARREState
FLZip Code
32566-8915FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44686544**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2176 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, JACKSON, , ,Mailing Address 23220 CHAGRIN BLVD
APT 386City
BEACHWOODState
OHZip Code
44122-5463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CASE WESTERN RESERVE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2025

Transaction ID : 44701725

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, JACKSON, , ,Mailing Address 23220 CHAGRIN BLVD
APT 386City
BEACHWOODState
OHZip Code
44122-5463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CASE WESTERN RESERVE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2025

Transaction ID : 44706448

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/17/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, JACKSON, , ,Mailing Address 23220 CHAGRIN BLVD
APT 386City
BEACHWOODState
OHZip Code
44122-5463FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CASE WESTERN RESERVE UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44737384

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2177 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, JUDY, , ,

Mailing Address 580 BRIGHTON ST

City
FOUNTAIN HILLState
PAZip Code
18015-1140FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTELLIGENT COMMUNICATION SYSTEMSOccupation (for Individual)
SYSTEMS ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44791167

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOYS & GIRLS CLUBS OF GREATER WASHINGTOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2025

Transaction ID : 44762917

Amount of Each Receipt this Period

38.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BOYS & GIRLS CLUBS OF GREATER WASHINGTOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44766551

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

313.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2178 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

BOYS & GIRLS CLUBS OF GREATER WASHINGT

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44768491

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

BOYS & GIRLS CLUBS OF GREATER WASHINGT

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44782444

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

BOYS & GIRLS CLUBS OF GREATER WASHINGT

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

332.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025

Transaction ID : 44794315

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

71.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2179 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, PANDIT, , ,

Mailing Address 3900 49TH ST NW

City
WASHINGTONState
DCZip Code
20016-2320FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

BOYS & GIRLS CLUBS OF GREATER WASHINGT

Occupation (for Individual)

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44799696

Amount of Each Receipt this Period

1.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, ROBERT, SCHEFFEL, ,

Mailing Address GRACE HILL FARM 1190 BASSETT RD

City
QUINCYState
FLZip Code
32351FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

GARDNER BIST LAW FIRM

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701718

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, ROGER, L, ,

Mailing Address 401 PATTEN ST

City
SONOMAState
CAZip Code
95476-6733FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

N/A

Occupation (for Individual)

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681468

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1001.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2180 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRIGHT, THOMAS, , ,

Mailing Address 5917 ALONZO AVE

City
VAN NUYSState
CAZip Code
91316-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44781833

Amount of Each Receipt this Period

26.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WRIGHT, THOMAS, , ,

Mailing Address 5917 ALONZO AVE

City
VAN NUYSState
CAZip Code
91316-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44792006

Amount of Each Receipt this Period

35.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WRIGHT, THOMAS, , ,

Mailing Address 5917 ALONZO AVE

City
VAN NUYSState
CAZip Code
91316-1004FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800272

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2181 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WROE, TRACY, , ,

Mailing Address 2854 SOUTHAVEN RD

City
ANNAPOLISState
MDZip Code
21401-7124FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681573

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WU, TERESA, , ,

Mailing Address 28 NIRVANA AVE

City
GREAT NECKState
NYZip Code
11023-1161FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
IMCLONE SYSTEMSOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44767666

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WUNSCH, MARTIN, , ,

Mailing Address 1728 BRENTWOOD DR

City
TROYState
MIZip Code
48098-2630FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44724464

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2182 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WURZBACH, ALLEN, , ,

Mailing Address 1863 PROSPECT ST

City
SARASOTAState
FLZip Code
34239-2216FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44798880

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WYATT, EMILY, , ,

Mailing Address 9045 ROYAL OAK LN

City
UNIONState
KYZip Code
41091-8809FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BURKE INC.Occupation (for Individual)
MARKET RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44791918

Amount of Each Receipt this Period

4.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WYATT, EMILY, , ,

Mailing Address 9045 ROYAL OAK LN

City
UNIONState
KYZip Code
41091-8809FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BURKE INC.Occupation (for Individual)
MARKET RESEARCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44800430

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

204.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2183 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WYATT, HARRY, , ,Mailing Address 148 W 23RD ST
APT 11GCity
NEW YORKState
NYZip Code
10011-2475FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44726436**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WYNNE, JAMES, J, ,Mailing Address 2331 OLD COURT RD
UNIT 502City
PIKESVILLEState
MDZip Code
21208-3439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
IBM RESEARCHOccupation (for Individual)
SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677430**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YAHNE, CAROLINA, E., ,

Mailing Address 441 SOLANO DR NE

City
ALBUQUERQUEState
NMZip Code
87108-1045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44737624**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2184 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YAHNE, CAROLINA, E., ,

Mailing Address 441 SOLANO DR NE

City
ALBUQUERQUEState
NMZip Code
87108-1045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025

Transaction ID : 44746162

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YAHNE, CAROLINA, E., ,

Mailing Address 441 SOLANO DR NE

City
ALBUQUERQUEState
NMZip Code
87108-1045FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44767001

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YALE, WENDEL, H., ,

Mailing Address 10919 THANLET LN

City
RESTONState
VAZip Code
20190-3922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 25 / 2025

Transaction ID : 44760373

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2185 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YANNELL, MICHAEL, P, ,

Mailing Address 4895 N RAVENSWOOD AVE

City
CHICAGOState
ILZip Code
60640-4409FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RUSH UNIVERSITY MEDICAL CENTEROccupation (for Individual)
PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 05 / 2025

Transaction ID : 44660646

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YARBROUGH, CAMILLE, , ,Mailing Address 80 SAINT NICHOLAS AVE
APT 4GCity
NEW YORKState
NYZip Code
10026-2922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

MM / DD / YYYY
02 / 19 / 2025

Transaction ID : 44730723

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YARBROUGH, CAMILLE, , ,Mailing Address 80 SAINT NICHOLAS AVE
APT 4GCity
NEW YORKState
NYZip Code
10026-2922FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

510.00

Date of Receipt

MM / DD / YYYY
02 / 24 / 2025

Transaction ID : 44749928

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1505.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2186 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YARO, ROBERT, D, ,

Mailing Address 715 LEETES ISLAND RD

City
GUILFORDState
CTZip Code
06437-3701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PENNSYLVANIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44761020**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YARO, ROBERT, D, ,

Mailing Address 715 LEETES ISLAND RD

City
GUILFORDState
CTZip Code
06437-3701FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF PENNSYLVANIAOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44785050**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YASKIN, JUDITH, A, ,Mailing Address 1382 NEWTOWN LANGHORNE RD
M11City
NEWTOWNState
PAZip Code
18940-2418FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688438**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2187 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YATES BREMER, CARLA, , ,Mailing Address 9000 AVERY POINT WAY
SG108City
RICHMONDState
VAZip Code
23233-7887FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44758659**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YATES, DIANA, R, ,

Mailing Address 5506 SE MITCHELL ST

City
PORTLANDState
ORZip Code
97206-4844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44666184**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YEE, NANCY, , ,

Mailing Address 9073 BELLWART WAY

City
COLUMBIAState
MDZip Code
21045-2302FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44723508**

Amount of Each Receipt this Period

400.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2188 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YEMINI, EVIATAR, , ,Mailing Address 35 HARRINGTON AVE
UNIT 4408City
SHREWSBURYState
MAZip Code
01545-5287FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITYOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44750002**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/24/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YENKIN, MIRIAM, , ,

Mailing Address 2720 BRENTWOOD RD

City
COLUMBUSState
OHZip Code
43209-2219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693317**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YESTER, MICHAEL, , ,Mailing Address 1301 58TH ST S
STSOCity
BIRMINGHAMState
ALZip Code
35222-4131FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF ALABAMA AT BIRMINGHAMOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701745**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2189 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOCH, RUTH, , ,

Mailing Address 117 POND RIDGE RD

City
COLUMBIAState
SCZip Code
29223-7007FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44771308**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YODER, KATRINA, , ,Mailing Address 303 W 20TH ST
APT 1City
NEW YORKState
NYZip Code
10011-3300FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025**Transaction ID : 44641704**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YODER, KATRINA, , ,Mailing Address 303 W 20TH ST
APT 1City
NEW YORKState
NYZip Code
10011-3300FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2025**Transaction ID : 44787314**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2190 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719886

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719887

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025

Transaction ID : 44719889

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2191 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44726448**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2025**Transaction ID : 44730729**

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/19/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44757361**

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

61.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2192 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, ADRIENNE, M, ,

Mailing Address 465 LEET RD

City
SEWICKLEYState
PAZip Code
15143-1019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44785366

Amount of Each Receipt this Period

18.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, ANNE, , ,

Mailing Address 170 TREMONT ST
APT 1001City
BOSTONState
MAZip Code
02111-1127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS GENERAL HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681081

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, ANNE, , ,

Mailing Address 170 TREMONT ST
APT 1001City
BOSTONState
MAZip Code
02111-1127FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MASSACHUSETTS GENERAL HOSPITALOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44726447

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/18/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

143.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2193 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, CHARLES, A., ,Mailing Address 3860 SAWGRASS WAY
APT 2616City
NAPLESState
FLZip Code
34112-3422FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44731684**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, DONALD, , ,

Mailing Address 9231 DEFIANCE CIR

City

SACRAMENTO

State

CA

Zip Code

95827-1009

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2025**Transaction ID : 44660663**

Amount of Each Receipt this Period

50.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/05/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, DONALD, , ,

Mailing Address 9231 DEFIANCE CIR

City

SACRAMENTO

State

CA

Zip Code

95827-1009

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677468**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2194 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNG, JEFFREY, , ,

Mailing Address 533 PENNOYER AVE

City
GRAND HAVENState
MIZip Code
49417-1846FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
JEFFREY C YOUNGOccupation (for Individual)
SOFTWARE DEVELOPMENT COO/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44807080**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YOUNG, LAURA, , ,Mailing Address 1546 APACHE DR
UNIT CCity
CHULA VISTAState
CAZip Code
91910-7149FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INFORMATION REQUESTEDOccupation (for Individual)
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44759699**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YOUNG, LLOYD, , ,

Mailing Address 6756 27TH AVE NW

City
SEATTLEState
WAZip Code
98117-5903FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693943**

Amount of Each Receipt this Period

225.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1025.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2195 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDSState
WIZip Code
53517-9679FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISONOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44688456**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/11/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDSState
WIZip Code
53517-9679FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISONOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701768**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/13/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDSState
WIZip Code
53517-9679FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISONOccupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

232.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719918**

Amount of Each Receipt this Period

5.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

35.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2196 OF 2977

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDS

State
WI

Zip Code
53517-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISON

Occupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.50

Date of Receipt

02 / **16** / **2025**

Transaction ID : 44719919

Amount of Each Receipt this Period

5.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDS

State
WI

Zip Code
53517-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISON

Occupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

02 / **23** / **2025**

Transaction ID : 44736172

Amount of Each Receipt this Period

5.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YU, HYUK, , ,

Mailing Address 3183 DANHOUSER RD

City
BLUE MOUNDS

State
WI

Zip Code
53517-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
UNIVERSITY OF WISCONSIN-MADISON

Occupation (for Individual)
PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

02 / **28** / **2025**

Transaction ID : 44784503

Amount of Each Receipt this Period

2.50

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2197 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YUSTER, RICHARD, , ,Mailing Address 700 S LAKE AVE
APT 310City
PASADENAState
CAZip Code
91106-3940FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PACIFIC KNITTINGOccupation (for Individual)
SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763760**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZAFFARONI, ALEJANDRO, , ,

Mailing Address 175 GEORGIA LN

City
PORTOLA VALLEYState
CAZip Code
94028-7929FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44735566**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZAFREN, KEN, , ,

Mailing Address 10181 CURVI ST

City
ANCHORAGEState
AKZip Code
99507-7039FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44799485**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2198 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZAGACKI, ROBERT, , ,

Mailing Address 43307 POND BLUFF DR

City
BELLEVILLEState
MIZip Code
48111-7314FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
FORD MOTOR COMPANYOccupation (for Individual)
CLAY MODELER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719928**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZAMANIAN, MARJORIE, , ,

Mailing Address 246 FOX HILL RD

City
BURLINGTONState
MAZip Code
01803-1231FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44732955**

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/20/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZANGER, DANIEL, , ,Mailing Address 22287 MULHOLLAND HWY
602City
CALABASASState
CAZip Code
91302-5157FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44801541**

Amount of Each Receipt this Period

280.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1380.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2199 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZECH, KLAUS, P., ,

Mailing Address 3041 60TH AVE SE

City
MERCER ISLANDState
WAZip Code
98040-2442FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44753542

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZELENAK, GEORGE, , ,Mailing Address 3929 MARTIN WAY E
STE FCity
OLYMPIAState
WAZip Code
98506-5200FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
FINANCIAL PLANNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2025

Transaction ID : 44681097

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/10/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZELENKO, LESLIE, , ,

Mailing Address 607 14TH ST NW

City
WASHINGTONState
DCZip Code
20005-2000FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KDCR PARTNERSOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2025

Transaction ID : 44748995

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2200 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZEMAN, ROBERT, , ,

Mailing Address 2500 BREMERTON RD

City
SAINT LOUISState
MOZip Code
63144-2204FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 14 / 2025**Transaction ID : 44706906**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZENG, JIA, , ,

Mailing Address 2710 APRIL COVE CT

City
MANVELState
TXZip Code
77578-7812FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MD ANDERSONOccupation (for Individual)
INFORMATICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025**Transaction ID : 44767793**

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZEORLIN, MICHAEL, V, ,

Mailing Address 4480 TINA ST

City
COCOAState
FLZip Code
32927-3845FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
UNIVERSITY OF CENTRAL FLORIDAOccupation (for Individual)
RESEARCH ASSISTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 23 / 2025**Transaction ID : 44735662**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2201 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZERBIN, TRACY, , ,Mailing Address **1415 2ND AVE**
UNIT 2308City
SEATTLEState
WAZip Code
98101-2073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
T-MOBILE USAOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

Transaction ID : 44667103

Amount of Each Receipt this Period

112.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZERBIN, TRACY, , ,Mailing Address **1415 2ND AVE**
UNIT 2308City
SEATTLEState
WAZip Code
98101-2073FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
T-MOBILE USAOccupation (for Individual)
ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

Transaction ID : 44667104

Amount of Each Receipt this Period

112.00☐ Memo Item*** EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/06/2025**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZIARKO, JEFFREY, , ,Mailing Address **1211 G ST SE**
UNIT 11City
WASHINGTONState
DCZip Code
20003-3953FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ECONOMIC POLICY STRATEGIESOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44749070

Amount of Each Receipt this Period

1000.00☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**1224.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2202 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZIETZ, GERARD, , ,

Mailing Address 46080 NW LEVI WHITE RD

City
BANKSState
ORZip Code
97106-7438FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
INTEL CORPOccupation (for Individual)
TECHNICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763894**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZIMMERMAN, HELEN, L., ,

Mailing Address 3565 RIDGEVIEW CIR

City

PALM SPRINGS

State

CA

Zip Code

92264-4704

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747457**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZIMMERMAN, HERMAN, , ,

Mailing Address 1337 NE STANTON ST

City

PORTLAND

State

OR

Zip Code

97212-3239

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44719969**

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/16/2025**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1515.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2203 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZOUTENDAM, RON, , ,Mailing Address 1414 ELM CT
APT 158City
SHELDONState
IAZip Code
51201-1854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2025**Transaction ID : 44641761**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZOUTENDAM, RON, , ,Mailing Address 1414 ELM CT
APT 158City
SHELDONState
IAZip Code
51201-1854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44677538**

Amount of Each Receipt this Period

75.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZOUTENDAM, RON, , ,Mailing Address 1414 ELM CT
APT 158City
SHELDONState
IAZip Code
51201-1854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693346**

Amount of Each Receipt this Period

25.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/12/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2204 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZOUTENDAM, RON, , ,Mailing Address 1414 ELM CT
APT 158City
SHELDONState
IAZip Code
51201-1854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693692**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZOUTENDAM, RON, , ,Mailing Address 1414 ELM CT
APT 158City
SHELDONState
IAZip Code
51201-1854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44763343**

Amount of Each Receipt this Period

100.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/26/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZSCHOKKE, PETER, , ,

Mailing Address 5 NICHOLS ST

City
SOUTHBOROUGHState
MAZip Code
01772-1317FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44797552**

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2205 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZUCKER, ROBERT, , ,

Mailing Address 3121 BROOKLAWN TER

City
CHEVY CHASEState
MDZip Code
20815-3937FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
WINNING STRATEGIES WASHINGTONOccupation (for Individual)
GOVERNMENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2025

Transaction ID : 44660722

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZUCKERMAN, RORY, , ,

Mailing Address 4911 CUMBERLAND AVE

City
CHEVY CHASEState
MDZip Code
20815-5453FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
AUTHOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44677540

Amount of Each Receipt this Period

250.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/09/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZWICK, KATY, , ,

Mailing Address 385 CASTLEWOOD LN

City
DEERFIELDState
ILZip Code
60015-3901FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 02 / 2025

Transaction ID : 44641768

Amount of Each Receipt this Period

500.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/02/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2206 OF 2977

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZYGA, RUSSELL, , ,

Mailing Address 189 LEBANON CHURCH RD

City
JEFFERSONState
GAZip Code
30549-5928FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44707474**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZYNSKY, JOHN, M, ,

Mailing Address 8400 DISNEY PL NE

City
ALBUQUERQUEState
NMZip Code
87122-2788FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2025**Transaction ID : 44747711**

Amount of Each Receipt this Period

65.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ZYNSKY, JOHN, M, ,

Mailing Address 8400 DISNEY PL NE

City
ALBUQUERQUEState
NMZip Code
87122-2788FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44743831**

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/23/2025**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

380.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2207 OF 2977

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ZYNSKY, JOHN, M, ,

Mailing Address 8400 DISNEY PL NE

City
ALBUQUERQUEState
NMZip Code
87122-2788FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44796344

Amount of Each Receipt this Period

15.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE PAC

Mailing Address 366 SUMMER ST

City
SOMERVILLEState
MAZip Code
02144-3132FEC ID number of contributing
federal political committee.**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3039945.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44801765E

Amount of Each Receipt this Period

3039945.52

☒ Memo ItemNOTE: TOTAL CONTRIBUTION(S) EARMARKED
THROUGH THIS ORGANIZATION.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEMOCRACY ENGINE, INC., PACMailing Address 416 FLORIDA AVE NW
UNIT 26418City
WASHINGTONState
DCZip Code
20001-0516FEC ID number of contributing
federal political committee.**C** C00468314

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44807083E

Amount of Each Receipt this Period

15500.00

☒ Memo ItemNOTE: TOTAL CONTRIBUTION(S) EARMARKED
THROUGH THIS ORGANIZATION.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

15.00

3308721.09

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2208 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ADAM SMITH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 578

City
RENTONState
WAZip Code
98057-0578FEC ID number of contributing
federal political committee.**C**

C00304709

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

Transaction ID : 44760959

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AFLAC PAC

Mailing Address 1932 WYNNTON RD

City

COLUMBUS

State

GA

Zip Code

31999-0001

FEC ID number of contributing
federal political committee.**C**

C00034157

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44660735

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLIED PILOTS ASSOCIATION PACMailing Address 601 13TH ST NW
STE 900

City

WASHINGTON

State

DC

Zip Code

20005-3807

FEC ID number of contributing
federal political committee.**C**

C00267849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

105000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

Transaction ID : 44765816

Amount of Each Receipt this Period

105000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

145000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2209 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLIED PILOTS ASSOCIATION PACMailing Address 601 13TH ST NW
STE 900City
WASHINGTONState
DCZip Code
20005-3807FEC ID number of contributing
federal political committee.**C** C00267849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44843449**

Amount of Each Receipt this Period

- 90000.00

☐ Memo Item**OVER LIMIT TRANSFERRED TO ADDITIONAL
ACCOUNTS**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ALTRIA GROUP, INC. PAC

Mailing Address 101 CONSTITUTION AVE NW

City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C** C00089136

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765819**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMAZON.COM SERVICES, INC. SEPARATE SEGREGATED FUND (AMAZON PAC)

Mailing Address 126 C ST NW

City
WASHINGTONState
DCZip Code
20001-2118FEC ID number of contributing
federal political committee.**C** C00360354

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735565**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

- 60000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2210 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC (SKINPAC)Mailing Address 1445 NEW YORK AVE NW
STE 800City
WASHINGTONState
DCZip Code
20005-2125FEC ID number of contributing
federal political committee.**C** C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660731**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS PAC

Mailing Address 5550 MEADOWBROOK CT

City
ROLLING MEADOWSState
ILZip Code
60008FEC ID number of contributing
federal political committee.**C** C00413955

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667123**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN ASSOCIATION OF NURSE ANESTHETISTS SEPARATE SEGREGATED FUND (CRNA-PAC)Mailing Address 25 MASSACHUSETTS AVE NW
STE 550City
WASHINGTONState
DCZip Code
20001-1408FEC ID number of contributing
federal political committee.**C** C00173153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765814**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2211 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN BANKERS ASSOCIATION BANKPACMailing Address 1120 CONNECTICUT AVE NW
STE 600City
WASHINGTONState
DCZip Code
20036-3971FEC ID number of contributing
federal political committee.**C** C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44667124**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN BANKERS ASSOCIATION BANKPACMailing Address 1120 CONNECTICUT AVE NW
STE 600City
WASHINGTONState
DCZip Code
20036-3971FEC ID number of contributing
federal political committee.**C** C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693351**

Amount of Each Receipt this Period

- 15000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PACMailing Address 505 9TH ST NW
STE 910City
WASHINGTONState
DCZip Code
20004-2173FEC ID number of contributing
federal political committee.**C** C00343459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025**Transaction ID : 44701834**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2212 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN COUNCIL OF ENGINEERING COMPANIES PACMailing Address 1015 15TH ST NW
STE 802City
WASHINGTONState
DCZip Code
20005-2605FEC ID number of contributing
federal political committee.**C** C00010868

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44701842**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PACMailing Address 4720 MONTGOMERY LN
STE 430City
BETHESDAState
MDZip Code
20814-3441FEC ID number of contributing
federal political committee.**C** C00423228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701826**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN HOSPITAL ASSOCIATION PAC (AHAPAC)

Mailing Address 325 7TH ST NW

City
WASHINGTONState
DCZip Code
20004-2818FEC ID number of contributing
federal political committee.**C** C00106146

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760964**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2213 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC

Mailing Address 220 LEIGH FARM RD

City
DURHAMState
NCZip Code
27707-8110FEC ID number of contributing
federal political committee.**C** C00077321

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735562**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN LAND TITLE ASSOCIATIONMailing Address 1800 M ST NW
STE 300City
WASHINGTONState
DCZip Code
20036-5802FEC ID number of contributing
federal political committee.**C** C00012914

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667117**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN OPTOMETRIC ASSOCIATION P.A.C.Mailing Address 1505 PRINCE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-2874FEC ID number of contributing
federal political committee.**C** C00024968

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701839**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2214 OF 2977
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN POSTAL WORKERS UNION COPAMailing Address 1300 L ST NW
STE 200City
WASHINGTONState
DCZip Code
20005-4181FEC ID number of contributing
federal political committee.**C**

C00010322

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44735553**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN PUBLIC POWER ASSOCIATION PAC (POWER PAC)Mailing Address 2451 CRYSTAL DR
STE 1000City
ARLINGTONState
VAZip Code
22202-4804FEC ID number of contributing
federal political committee.**C**

C00161570

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765815**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. AMERICAN SPEECH-LANGUAGE HEARING ASSN. PAC

Mailing Address 2220 RESEARCH BLVD

City
ROCKVILLEState
MDZip Code
20850FEC ID number of contributing
federal political committee.**C**

C00210666

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701827**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

35000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2215 OF 2977

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ARNOLD & PORTER PARTNERS PAC

Mailing Address 555 12TH ST NW

City
WASHINGTON

State
DC

Zip Code
20004-1200

FEC ID number of contributing
federal political committee.

C C00216895

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

02 / **06** / **2025**

Transaction ID : 44667118

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BAE SYSTEMS INC PAC (BAE SYSTEMS USA PAC)

Mailing Address 1300 17TH ST N
STE 1400

City
ARLINGTON

State
VA

Zip Code
22209-3807

FEC ID number of contributing
federal political committee.

C C00281212

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

02 / **25** / **2025**

Transaction ID : 44765806

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City
COLUMBUS

State
OH

Zip Code
43216-0172

FEC ID number of contributing
federal political committee.

C C00507368

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

02 / **28** / **2025**

Transaction ID : 44772289

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2216 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BEST BUY CO., INC. EMPLOYEE POLITICAL FORUM

Mailing Address 7601 PENN AVE S

City
RICHFIELDState
MNZip Code
55423-8500FEC ID number of contributing
federal political committee.**C**

C00405076

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701825**

Amount of Each Receipt this Period

5000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BLACKROCK CAPITAL MANAGEMENT INC. PAC (BLACKROCK PAC)

Mailing Address 40 E 52ND ST

City
NEW YORKState
NYZip Code
10022-5911FEC ID number of contributing
federal political committee.**C**

C00479246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818092**

Amount of Each Receipt this Period

15000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BLUE SHIELD OF CALIFORNIA PACMailing Address 50 BEALE ST
17-C356City
SAN FRANCISCOState
CAZip Code
94105-1813FEC ID number of contributing
federal political committee.**C**

C00340364

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44774362**

Amount of Each Receipt this Period

5000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

25000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2217 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PACMailing Address 225 N MICHIGAN AVE
LBBY 5City
CHICAGOState
ILZip Code
60601-7601FEC ID number of contributing
federal political committee.**C** C00194746

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660738**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BONAMICI FOR CONGRESS

Mailing Address PO BOX 42307

City
PORTLANDState
ORZip Code
97242-0307FEC ID number of contributing
federal political committee.**C** C00500421

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44760958**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRIDGESTONE AMERICAS INC. PACMailing Address 607 14TH ST NW
STE 500City
WASHINGTONState
DCZip Code
20005-2023FEC ID number of contributing
federal political committee.**C** C00371948

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818084**

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2218 OF 2977
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BRITTANY PETTERSEN FOR COLORADO

Mailing Address PO BOX 150887

City
LAKEWOODState
COZip Code
80215-0887FEC ID number of contributing
federal political committee.**C**

C00637215

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

59250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772290**

Amount of Each Receipt this Period

9250.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWNSTEIN HYATT FARBER SCHRECK PACMailing Address 410 17TH ST
STE 2200City
DENVERState
COZip Code
80202-4432FEC ID number of contributing
federal political committee.**C**

C00390583

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701837**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CASE FOR CONGRESS

Mailing Address PO BOX 2941

City
HONOLULUState
HIZip Code
96802-2941FEC ID number of contributing
federal political committee.**C**

C00680918

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646189**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

39250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2219 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CHS/COMMUNITY HEALTH SYSTEMS, INC. POLITICAL ACTION CMTE (CHS PAC)

Mailing Address 4000 MERIDIAN BLVD

City
FRANKLINState
TNZip Code
37067-6325FEC ID number of contributing
federal political committee.**C** C00485896

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735564**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGROUP PAC-FEDERAL)Mailing Address 1101 PENNSYLVANIA AVE NW
STE 1000City
WASHINGTONState
DCZip Code
20004-2524FEC ID number of contributing
federal political committee.**C** C00008474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818091**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERALMailing Address 1701 JOHN F KENNEDY BLVD
FL 49City
PHILADELPHIAState
PAZip Code
19103-2855FEC ID number of contributing
federal political committee.**C** C00248716

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660725**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2220 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. COX ENTERPRISES PAC (COXPAC) INC.Mailing Address 975 F ST NW
STE 300City
WASHINGTONState
DCZip Code
20004-1459FEC ID number of contributing
federal political committee.**C** C00477653

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44693369**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

OVER LIMIT REFUNDED ON 2/21/25 SEE SCH. B

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVITA INC. PAC

Mailing Address 601 HAWAII ST

City
EL SEGUNDOState
CAZip Code
90245-4814FEC ID number of contributing
federal political committee.**C** C00340943

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660737**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEFEND THE VOTEMailing Address 600 PENNSYLVANIA AVE SE
UNIT 15180City
WASHINGTONState
DCZip Code
20003-7508FEC ID number of contributing
federal political committee.**C** C00764233

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772293**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2221 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELL TECHNOLOGIES POLITICAL ACTION COMMITTEE

Mailing Address 1 DELL WAY

City
ROUND ROCKState
TXZip Code
78682-7000FEC ID number of contributing
federal political committee.**C**

C00369751

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2025

Transaction ID : 44735554

Amount of Each Receipt this Period

15000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DELOITTE POLITICAL ACTION COMMITTEEMailing Address 555 12TH ST NW
STE 500City
WASHINGTONState
DCZip Code
20004-1231FEC ID number of contributing
federal political committee.**C**

C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44660741

Amount of Each Receipt this Period

15000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DELTA AIR LINES PACMailing Address 1212 NEW YORK AVE NW
STE 200City
WASHINGTONState
DCZip Code
20005-6609FEC ID number of contributing
federal political committee.**C**

C00104802

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44660724

Amount of Each Receipt this Period

15000.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2222 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DEMOCRACY SUMMER LEADERSHIP PAC

Mailing Address 600 PENNSYLVANIA AVE SE
UNIT 15180

City
WASHINGTON

State
DC

Zip Code
20003-7508

FEC ID number of contributing
federal political committee.

C C00664318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765782

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DIAGEO NORTH AMERICA, INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE (DIAGEO PAC)

Mailing Address 801 MAIN AVE

City
NORWALK

State
CT

Zip Code
06851-1127

FEC ID number of contributing
federal political committee.

C C00034470

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025

Transaction ID : 44735563

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DIANA DEGETTE FOR CONGRESS

Mailing Address PO BOX 61337

City
DENVER

State
CO

Zip Code
80206-8337

FEC ID number of contributing
federal political committee.

C C00311639

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44681791

Amount of Each Receipt this Period

3000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2223 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DOGETT FOR CONGRESS

Mailing Address PO BOX 5843

City
AUSTINState
TXZip Code
78763-5843FEC ID number of contributing
federal political committee.**C** C00286500

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660717**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DOING RIGHT - RESULTS ACTION UNITY LEADERSHIP PAC DR RAUL PAC

Mailing Address PO BOX 3433

City

PALM DESERT

State

CA

Zip Code

92261-3433

FEC ID number of contributing
federal political committee.**C** C00569871

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753758**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DR KIM SCHRIER FOR CONGRESSMailing Address 3020 ISSAQUAH PINE LAKE RD SE
331

City

SAMMAMISH

State

WA

Zip Code

98075-7253

FEC ID number of contributing
federal political committee.**C** C00652628

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025**Transaction ID : 44677699**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

66000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2224 OF 2977
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DUKE ENERGY PACMailing Address 401 9TH ST NW
STE 1100City
WASHINGTONState
DCZip Code
20004-2148FEC ID number of contributing
federal political committee.**C** C00083535

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818088**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUKE ENERGY PACMailing Address 401 9TH ST NW
STE 1100City
WASHINGTONState
DCZip Code
20004-2148FEC ID number of contributing
federal political committee.**C** C00083535

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818089**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUKE ENERGY PACMailing Address 401 9TH ST NW
STE 1100City
WASHINGTONState
DCZip Code
20004-2148FEC ID number of contributing
federal political committee.**C** C00083535

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818090**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2225 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ENTERGY CORPORATION PAC (ENPAC)Mailing Address 101 CONSTITUTION AVE NW
STE 200City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C**

C00363879

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760968**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAIR SHOT PAC

Mailing Address PO BOX 361

City
MALDENState
MAZip Code
02148-0004FEC ID number of contributing
federal political committee.**C**

C00574970

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44641773**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FEDERATION OF AMERICAN HOSPITALS PACMailing Address 750 9TH ST NW
STE 600City
WASHINGTONState
DCZip Code
20001-4595FEC ID number of contributing
federal political committee.**C**

C00002261

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818086**

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

40000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2226 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FEDERATION OF AMERICAN HOSPITALS PACMailing Address 750 9TH ST NW
STE 600City
WASHINGTONState
DCZip Code
20001-4595FEC ID number of contributing
federal political committee.**C**

C00002261

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818087**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FEDEX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117FEC ID number of contributing
federal political committee.**C**

C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44735556**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FEDEX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117FEC ID number of contributing
federal political committee.**C**

C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44735557**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2227 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FEDEX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117FEC ID number of contributing
federal political committee.**C**

C00068692

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44735558**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FINSECA PAC (F.K.A ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC)Mailing Address 101 CONSTITUTION AVE NW
STE 703City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C**

C00447565

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44760963**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FIRSTENERGY CORP. PAC COMMITTEE

Mailing Address 76 S MAIN ST

City
AKRONState
OHZip Code
44308-1812FEC ID number of contributing
federal political committee.**C**

C00140855

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760969**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

35000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2228 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FORD MOTOR COMPANY CIVIC ACTION FUNDMailing Address 1350 I ST NW
STE 450City
WASHINGTONState
DCZip Code
20005-7205FEC ID number of contributing
federal political committee.**C**

C00046474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765820**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRAMATOME INC PACMailing Address 1201 F ST NW
STE 1100City
WASHINGTONState
DCZip Code
20004-1218FEC ID number of contributing
federal political committee.**C**

C00395285

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735561**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DR

City
ALEXANDRIAState
VAZip Code
22314-6233FEC ID number of contributing
federal political committee.**C**

C00555888

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681796**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2229 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FRIENDS OF DON BEYER

Mailing Address 1751 POTOMAC GREENS DR

City
ALEXANDRIAState
VAZip Code
22314-6233FEC ID number of contributing
federal political committee.**C** C00555888

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765805**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FRIENDS OF ROSA DELAUROMailing Address 12 TRUMBULL ST
APT 2City
NEW HAVENState
CTZip Code
06511-6311FEC ID number of contributing
federal political committee.**C** C00238865

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44052.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765801**

Amount of Each Receipt this Period

22026.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GABE AMO FOR CONGRESS

Mailing Address PO BOX 40457

City
PROVIDENCEState
RIZip Code
02940-0457FEC ID number of contributing
federal political committee.**C** C00838060

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646186**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

82026.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2230 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GREATER OPPORTUNITIES FOR LEADERSHIP DEVELOPMENT (GOLD PAC)

Mailing Address PO BOX 83142

City
GAITHERSBURGState
MDZip Code
20883-3142FEC ID number of contributing
federal political committee.**C** C00452748

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753766**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

NONQUALIFIED PAC CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HOGAN LOVELLS POLITICAL ACTION COMMITTEE

Mailing Address 555 13TH ST NW

City
WASHINGTONState
DCZip Code
20004-1109FEC ID number of contributing
federal political committee.**C** C00261339

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760967**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENTMailing Address 800 17TH ST NW
STE 1100City
WASHINGTONState
DCZip Code
20006-3962FEC ID number of contributing
federal political committee.**C** C00171330

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660728**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

40000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2231 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUFFMAN FOR CONGRESSMailing Address 5940 COLLEGE AVE
STE FCity
OAKLANDState
CAZip Code
94618-1385FEC ID number of contributing
federal political committee.**C** C00536680

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44818083**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INDEPENDENT PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE (IPAC)

Mailing Address 3607 FERN VALLEY RD

City
LOUISVILLEState
KYZip Code
40219-1916FEC ID number of contributing
federal political committee.**C** C00849323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701840**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. INDIVIDUALS DEDICATED TO ETHICS AND SCIENCE PAC

Mailing Address PO BOX 40725

City
DENVERState
COZip Code
80204-0725FEC ID number of contributing
federal political committee.**C** C00380675

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681792**

Amount of Each Receipt this Period

7000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2232 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

Mailing Address 1750 NEW YORK AVE NW

City
WASHINGTONState
DCZip Code
20006-5305FEC ID number of contributing
federal political committee.**C** C00029447

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772360**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JAKE AUCHINCLOSS FOR CONGRESS

Mailing Address 1524 LONGWORTH HOUSE OFFICE BUILDI

City
WASHINGTONState
DCZip Code
20003FEC ID number of contributing
federal political committee.**C** C00721449

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693363**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JAMIE RASKIN FOR CONGRESS

Mailing Address PO BOX 5418

City
TAKOMA PARKState
MDZip Code
20913-5418FEC ID number of contributing
federal political committee.**C** C00575126

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765783**

Amount of Each Receipt this Period

315000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

355000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2233 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JEFFRIES FOR CONGRESS

Mailing Address PO BOX 65322

City
WASHINGTONState
DCZip Code
20035-5322FEC ID number of contributing
federal political committee.**C**

C00503052

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44765821**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JIMMY PANETTA FOR CONGRESS

Mailing Address PO BOX 1579

City
CARMEL VALLEYState
CAZip Code
93924-1579FEC ID number of contributing
federal political committee.**C**

C00592154

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772292**

Amount of Each Receipt this Period

125000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JOE NEGUSE FOR CONGRESS

Mailing Address PO BOX 7142

City
BOULDERState
COZip Code
80306-7142FEC ID number of contributing
federal political committee.**C**

C00648253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772288**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

325000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2234 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KEVIN MULLIN FOR CONGRESS

Mailing Address PO BOX 869

City
BELMONTState
CAZip Code
94002-0869FEC ID number of contributing
federal political committee.

C C00795005

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2025

Transaction ID : 44688477

Amount of Each Receipt this Period

1000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KEVIN MULLIN FOR CONGRESS

Mailing Address PO BOX 869

City
BELMONTState
CAZip Code
94002-0869FEC ID number of contributing
federal political committee.

C C00795005

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2025

Transaction ID : 44701830

Amount of Each Receipt this Period

4000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LAMONICA MCIVER FOR CONGRESS

Mailing Address PO BOX 25585

City
NEWARKState
NJZip Code
07101-7585FEC ID number of contributing
federal political committee.

C C00878603

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2025

Transaction ID : 44807046

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2235 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LEAGUE OF CONSERVATION VOTERS PACMailing Address 1920 L ST NW
STE 800City
WASHINGTONState
DCZip Code
20036-5045FEC ID number of contributing
federal political committee.**C**

C00252940

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44701844**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LORI TRAHAN FOR CONGRESS COMMITTEE

Mailing Address PO BOX 1161

City
LOWELLState
MAZip Code
01853-1161FEC ID number of contributing
federal political committee.**C**

C00655647

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2025**Transaction ID : 44693356**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LUZ RIVAS FOR CONGRESS

Mailing Address PO BOX 341533

City
ARLETAState
CAZip Code
91334-1533FEC ID number of contributing
federal political committee.**C**

C00857417

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772291**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

36000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2236 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City
FORT WORTHState
TXZip Code
76105-0084FEC ID number of contributing
federal political committee.**C**

C00506832

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44753760

Amount of Each Receipt this Period

20000.00

☐

Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City
FORT WORTHState
TXZip Code
76105-0084FEC ID number of contributing
federal political committee.**C**

C00506832

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44753764

Amount of Each Receipt this Period

20000.00

☐

Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARC VEASEY CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address PO BOX 50084

City
FORT WORTHState
TXZip Code
76105-0084FEC ID number of contributing
federal political committee.**C**

C00506832

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

Transaction ID : 44765802

Amount of Each Receipt this Period

40000.00

☐

Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

80000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2237 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MARK POCAN FOR CONGRESS

Mailing Address PO BOX 327

City
MADISONState
WIZip Code
53701-0327FEC ID number of contributing
federal political committee.**C**

C00502179

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

Transaction ID : 44681795

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City
SACRAMENTOState
CAZip Code
95812-1738FEC ID number of contributing
federal political committee.**C**

C00409219

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

Transaction ID : 44693360

Amount of Each Receipt this Period

35000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MAXWELL ALEJANDRO FROST FOR CONGRESS

Mailing Address PO BOX 772671

City
ORLANDOState
FLZip Code
32877-2671FEC ID number of contributing
federal political committee.**C**

C00786822

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44753755

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶

135000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2238 OF 2977

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVE

City
SACRAMENTO

State
CA

Zip Code
95841-3111

FEC ID number of contributing
federal political committee.

C

C00326363

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

02 / **06** / **2025**

Transaction ID : 44660720

Amount of Each Receipt this Period

150000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MOLINA HEALTHCARE, INC. PAC

Mailing Address 200 OCEANGATE
STE 100

City
LONG BEACH

State
CA

Zip Code
90802-4317

FEC ID number of contributing
federal political committee.

C

C00430256

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

02 / **06** / **2025**

Transaction ID : 44667122

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MORGAN MCGARVEY FOR CONGRESS

Mailing Address 2250 WINSTON AVE

City
LOUISVILLE

State
KY

Zip Code
40205-2641

FEC ID number of contributing
federal political committee.

C

C00791392

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

02 / **26** / **2025**

Transaction ID : 44753768

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

175000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2239 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORTGAGE BANKERS ASSOCIATION PACMailing Address 1919 M ST NW
FL 5City
WASHINGTONState
DCZip Code
20036-3572FEC ID number of contributing
federal political committee.**C** C00004812

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025**Transaction ID : 44660723**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NANETTE BARRAGAN FOR CONGRESSMailing Address 1840 S GAFFEY ST
421City
SAN PEDROState
CAZip Code
90731-5324FEC ID number of contributing
federal political committee.**C** C00577353

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44771065**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOM EDUCATION CMTE.Mailing Address 4121 WILSON BLVD
FL 10City
ARLINGTONState
VAZip Code
22203-1839FEC ID number of contributing
federal political committee.**C** C00004473

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660730**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

55000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2240 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC

Mailing Address 2901 TELESTAR CT

City
FALLS CHURCHState
VAZip Code
22042-1260FEC ID number of contributing
federal political committee.**C**

C00005249

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44833274**

Amount of Each Receipt this Period

15000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
DEMOCRACY ENGINE, INC., PAC ON 02/27/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL AUTOMOBILE DEALERS ASSN. PAC

Mailing Address 412 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1804FEC ID number of contributing
federal political committee.**C**

C00040998

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660727**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL BEER WHOLESALERS' ASSOCIATION PAC (NBWA PMailing Address 1100 KING ST
STE 600City
ALEXANDRIAState
VAZip Code
22314-2925FEC ID number of contributing
federal political committee.**C**

C00144766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701841**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

45000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2241 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL CABLE & TELECOMMUNICATIONS ASSOCIATION PAC (NCTA-PAC)Mailing Address 25 MASSACHUSETTS AVE NW
STE 100City
WASHINGTONState
DCZip Code
20001-1434FEC ID number of contributing
federal political committee.**C** C00010082

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44765807**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION PAC

Mailing Address 100 DAINGERFIELD RD

City

ALEXANDRIA

State

VA

Zip Code

22314-2886

FEC ID number of contributing
federal political committee.**C** C00030809

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701829**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NATIONAL CORN GROWERS ASSOCIATION PAC (CORNPAC)Mailing Address 20 F ST NW
STE 600

City

WASHINGTON

State

DC

Zip Code

20001-6707

FEC ID number of contributing
federal political committee.**C** C00376343

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667121**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2242 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NATIONAL ELEVATOR CONSTRUCTORS PAC

Mailing Address 7154 COLUMBIA GATEWAY DR

City
COLUMBIAState
MDZip Code
21046-2132FEC ID number of contributing
federal political committee.**C** C00383950

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701835**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE/AMERICAN COLLEGE OF EMERGENCY PHYSICIANSMailing Address 2121 K ST NW
STE 325City
WASHINGTONState
DCZip Code
20037-1886FEC ID number of contributing
federal political committee.**C** C00140061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660726**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NELNET HIGHER EDUCATION ACCESSES PACMailing Address 1726 M ST NW
STE 701City
WASHINGTONState
DCZip Code
20036-4524FEC ID number of contributing
federal political committee.**C** C00370015

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660732**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2243 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEW YORK LIFE INSURANCE COMPANY PACMailing Address 51 MADISON AVE
RM 1109City
NEW YORKState
NYZip Code
10010-1603FEC ID number of contributing
federal political committee.**C** C00158881

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44701838**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 700 UNIVERSE BLVD

City
JUNO BEACHState
FLZip Code
33408-2657FEC ID number of contributing
federal political committee.**C** C00064774

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44765809**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NUCLEAR ENERGY INSTITUTE FEDERAL PACMailing Address 1776 I ST NW
LBBY 4City
WASHINGTONState
DCZip Code
20006-3759FEC ID number of contributing
federal political committee.**C** C00239848

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667120**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2244 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PAC OF THE AMERICAN ASSN. OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVE NE

City
WASHINGTONState
DCZip Code
20002-5769FEC ID number of contributing
federal political committee.

C C00343137

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2025

Transaction ID : 44660733

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740-3176FEC ID number of contributing
federal political committee.

C C00226928

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2025

Transaction ID : 44693364

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PAUL TONKO FOR CONGRESSMailing Address 911 CENTRAL AVE
221City
ALBANYState
NYZip Code
12206-1350FEC ID number of contributing
federal political committee.

C C00450049

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2025

Transaction ID : 44730817

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2245 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PETE AGUILAR FOR CONGRESS

Mailing Address PO BOX 10954

City
SAN BERNARDINOState
CAZip Code
92423-0954FEC ID number of contributing
federal political committee.**C** C00510461

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753759**

Amount of Each Receipt this Period

75000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PFIZER INC. PAC

Mailing Address 235 E 42ND ST

City
NEW YORKState
NYZip Code
10017-5703FEC ID number of contributing
federal political committee.**C** C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44765804**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RE-ELECT MCGOVERN COMMITTEE

Mailing Address PO BOX 60405

City
WORCESTERState
MAZip Code
01606-0405FEC ID number of contributing
federal political committee.**C** C00285171

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44730815**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

115000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2246 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RESILIENT MAJORITY PACMailing Address 1 PARK ROW
STE 5City
PROVIDENCEState
RIZip Code
02903-1235FEC ID number of contributing
federal political committee.**C**

C00847095

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44681793**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

NONQUALIFIED PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REVIVING AMERICAN JOBS AGAIN PAC

Mailing Address 626 ELMORE ST

City
PARK RIDGEState
ILZip Code
60068-3441FEC ID number of contributing
federal political committee.**C**

C00649772

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660718**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. REVIVING AMERICAN JOBS AGAIN PAC

Mailing Address 626 ELMORE ST

City
PARK RIDGEState
ILZip Code
60068-3441FEC ID number of contributing
federal political committee.**C**

C00649772

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693353**

Amount of Each Receipt this Period

- 35000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT**SUBTOTAL** of Receipts This Page (optional)..... ►

40000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2247 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RO FOR CONGRESS INC

Mailing Address PO BOX 3513

City
SANTA CLARAState
CAZip Code
95055-3513FEC ID number of contributing
federal political committee.**C** C00503185

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44646187**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERT GARCIA FOR CONGRESSMailing Address 2436 E 4TH ST
STE 256City
LONG BEACHState
CAZip Code
90814-1156FEC ID number of contributing
federal political committee.**C** C00797795

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44788377**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBIN KELLY FOR CONGRESS

Mailing Address PO BOX 101199

City
CHICAGOState
ILZip Code
60610-8913FEC ID number of contributing
federal political committee.**C** C00539866

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693365**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2248 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SAC PAC

Mailing Address 315 INSPIRATION LN

City
GAITHERSBURGState
MDZip Code
20878-5808FEC ID number of contributing
federal political committee.**C**

C00165548

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

Transaction ID : 44693358

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SANFORD D. BISHOP FOR CONGRESS

Mailing Address PO BOX 909

City
COLUMBUSState
GAZip Code
31902-0909FEC ID number of contributing
federal political committee.**C**

C00266940

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : 44753765

Amount of Each Receipt this Period

30000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHAKOWSKY FOR CONGRESS

Mailing Address PO BOX 5130

City
EVANSTONState
ILZip Code
60204-5130FEC ID number of contributing
federal political committee.**C**

C00327023

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44646188

Amount of Each Receipt this Period

25000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ►

70000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2249 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHNEIDER FOR CONGRESS

Mailing Address PO BOX 1318

City
DEERFIELDState
ILZip Code
60015-6005FEC ID number of contributing
federal political committee.**C**

C00495952

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2025

Transaction ID : 44652512

Amount of Each Receipt this Period

50000.00

☐

Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SECURITIES INDUSTRY & FINANCIAL MARKETS ASSN. PACMailing Address 1101 NEW YORK AVE NW
FL 8City
WASHINGTONState
DCZip Code
20005-4279FEC ID number of contributing
federal political committee.**C**

C00431312

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

Transaction ID : 44660736

Amount of Each Receipt this Period

2500.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHERMAN FOR CONGRESS COMMITTEEMailing Address 555 S FLOWER ST
STE 4210City
LOS ANGELESState
CAZip Code
90071-2439FEC ID number of contributing
federal political committee.**C**

C00308742

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

Transaction ID : 44730816

Amount of Each Receipt this Period

50000.00

☐

Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ▶

102500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2250 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SHORE PAC

Mailing Address PO BOX 3157

City
LONG BRANCHState
NJZip Code
07740-3157FEC ID number of contributing
federal political committee.**C** C00410308

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025**Transaction ID : 44693368**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONSMailing Address 1100 17TH ST NW
STE 400City
WASHINGTONState
DCZip Code
20036-4645FEC ID number of contributing
federal political committee.**C** C00519371

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735559**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SQUIRE PATTON BOGGS PAC

Mailing Address 2550 M ST NW

City
WASHINGTONState
DCZip Code
20037-1309FEC ID number of contributing
federal political committee.**C** C00401083

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760966**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2251 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TECHNOLOGY NETWORK FEDERAL PACMailing Address 607 14TH ST NW
STE 800City
WASHINGTONState
DCZip Code
20005-2005FEC ID number of contributing
federal political committee.**C** C00328369

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2025**Transaction ID : 44735560**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TED LIEU FOR CONGRESS

Mailing Address PO BOX 1309

City
TORRANCEState
CAZip Code
90505-0309FEC ID number of contributing
federal political committee.**C** C00556506

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44760974**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TERESA FOR ALL

Mailing Address 785 PASEO DE LA CUMA

City
SANTA FEState
NMZip Code
87501-1216FEC ID number of contributing
federal political committee.**C** C00704049

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772278**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

UNLIMITED TRANSFER

SUBTOTAL of Receipts This Page (optional)..... ▶

26500.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2252 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THE AMERICAN CONGRESS OF OB-GYNs PAC (OB-GYN PAC)

Mailing Address PO BOX 23498

City
WASHINGTONState
DCZip Code
20026-3498FEC ID number of contributing
federal political committee.**C**

C00364158

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660740**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City
ARLINGTONState
VAZip Code
22209-2305FEC ID number of contributing
federal political committee.**C**

C00142711

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44667133**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TOMORROW PACMailing Address 1032 15TH ST NW
STE 247City
WASHINGTONState
DCZip Code
20005-1502FEC ID number of contributing
federal political committee.**C**

C00888743

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44760961**

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

30000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2253 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TROY CARTER FOR CONGRESS

Mailing Address PO BOX 50730

City
NEW ORLEANSState
LAZip Code
70150-0730FEC ID number of contributing
federal political committee.**C** C00763649

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025**Transaction ID : 44693366**

Amount of Each Receipt this Period

50000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UNITED AIRLINES, INC. POLITICAL ACTION COMMITTEE (UAPAC)Mailing Address 233 S WACKER DR
FL 11City
CHICAGOState
ILZip Code
60606-7147FEC ID number of contributing
federal political committee.**C** C00101766

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44833027**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. US BANCORP POLITICAL PARTICIPATION PROGRAMMailing Address 800 NICOLLET MALL
BCMN-H210City
MINNEAPOLISState
MNZip Code
55402-7000FEC ID number of contributing
federal political committee.**C** C00018036

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44772336**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

80000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2254 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VAN SCOYOC ASSOCIATES, INC. PACMailing Address 800 MAINE AVE SW
STE 800City
WASHINGTONState
DCZip Code
20024-2806FEC ID number of contributing
federal political committee.**C** C00369058

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44760965**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VICTORY IN NOVEMBER ELECTION PAC (VINEPAC)Mailing Address 700 13TH ST NW
STE 600City
WASHINGTONState
DCZip Code
20005-5998FEC ID number of contributing
federal political committee.**C** C00378695

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44660721**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VILLAGEMD PACMailing Address 125 S CLARK ST
STE 900City
CHICAGOState
ILZip Code
60603-4043FEC ID number of contributing
federal political committee.**C** C00743344

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2025**Transaction ID : 44667126**

Amount of Each Receipt this Period

5000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2255 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VISA USA INC. PACMailing Address 1300 CONNECTICUT AVE NW
STE 900City
WASHINGTONState
DCZip Code
20036-1714FEC ID number of contributing
federal political committee.**C** C00365122

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 18 / 2025**Transaction ID : 44735552**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WASHINGTON GAS LIGHT COMPANY PACMailing Address 1000 MAINE AVE SW
STE 600City
WASHINGTONState
DCZip Code
20024-3496FEC ID number of contributing
federal political committee.**C** C00102152

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701833**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WESTERN ALLIANCE BANCORPORATION POLITICAL ACTION COMMITTEE (WABPAC)Mailing Address 1 E WASHINGTON ST
STE 1400City
PHOENIXState
AZZip Code
85004-2559FEC ID number of contributing
federal political committee.**C** C00817585

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025**Transaction ID : 44701828**

Amount of Each Receipt this Period

15000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2256 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILL ROLLINS FOR CONGRESSMailing Address 301 N PALM CANYON DR
STE # 103City
PALM SPRINGSState
CAZip Code
92262-5672FEC ID number of contributing
federal political committee.**C** C00792507

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2025**Transaction ID : 44748996**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

UNLIMITED TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINE & SPIRITS WHOLESALERS OF AMERICA, INC PACMailing Address 805 15TH ST NW
STE 430City
WASHINGTONState
DCZip Code
20005-2273FEC ID number of contributing
federal political committee.**C** C00147173

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44660729**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WOLVERINE PACMailing Address 607 14TH ST NW
STE 800City
WASHINGTONState
DCZip Code
20005-2005FEC ID number of contributing
federal political committee.**C** C00451583

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44753756**

Amount of Each Receipt this Period

25000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2257 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLVERINE PACMailing Address 607 14TH ST NW
STE 800City
WASHINGTONState
DCZip Code
20005-2005FEC ID number of contributing
federal political committee.**C** C00451583

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44818093**

Amount of Each Receipt this Period

- 10000.00

☐ Memo ItemOVER LIMIT TRANSFERRED TO RECOUNT/LEGAL
FUND ACCOUNT

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DEMOCRACY ENGINE, INC., PACMailing Address 416 FLORIDA AVE NW
UNIT 26418City
WASHINGTONState
DCZip Code
20001-0516FEC ID number of contributing
federal political committee.**C** C00468314

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44833274E**

Amount of Each Receipt this Period

15000.00

☒ Memo ItemNOTE: TOTAL CONTRIBUTION(S) EARMARKED
THROUGH THIS ORGANIZATION.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 10000.00

3097276.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2258 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EVERYTOWN FOR GUN SAFETY ACTION FUND, INC. PAC (EVERYTOWN PAC)

Mailing Address PO BOX 3886

City
NEW YORKState
NYZip Code
10163-3886FEC ID number of contributing
federal political committee.**C** C00640086

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 04 / 2025**Transaction ID : 44842835**

Amount of Each Receipt this Period

15000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRENDER, ART, , ,Mailing Address 1600 TEXAS ST
APT 21105City
FORT WORTHState
TXZip Code
76102-7509FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44837311**

Amount of Each Receipt this Period

500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BUDD, RUSSELL, W., ,Mailing Address 3102 OAK LAWN AVENUE 3707 CRESCENT
STE 1100City
DALLASState
TXZip Code
75219FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BARON & BUDDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025**Transaction ID : 44837312**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2259 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FELDMAN, CYNTHIA, , ,

Mailing Address 5358 MEADERS LN

City
DALLASState
TXZip Code
75229-6648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44837309

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FIKES, AMY, , ,

Mailing Address 3901 EUCLID AVE

City
DALLASState
TXZip Code
75205-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44837308

Amount of Each Receipt this Period

10000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KAROL, THOMAS, , ,

Mailing Address 5370 MEADERS LN

City
DALLASState
TXZip Code
75229-6648FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CORNERSTONE AUTOMATION SYSTEMSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2025

Transaction ID : 44837310

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2260 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALBRITTON, MICHELLE, , ,Mailing Address 2408 VICTORY PARK LN
APT 1137City
DALLASState
TXZip Code
75219-7620FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44837316**

Amount of Each Receipt this Period

750.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAPLAN, CRAIG, , ,Mailing Address 860 UNITED NATIONS PLZ
APT 30ECity
NEW YORKState
NYZip Code
10017-1823FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44837315**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MITCHELL, KELLY, , ,

Mailing Address 7240 CHASE OAKS BLVD

City
PLANOState
TXZip Code
75025-5901FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HEART TO HEART HOSPICEOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44837314**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2261 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PORTER, DAVID, M., ,

Mailing Address 1110 BROAD AVE

City
FORT WORTHState
TXZip Code
76107-1529FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PNL COMPANIESOccupation (for Individual)
FOUNDING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 16 / 2025**Transaction ID : 44837317**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARTWRIGHT, BETTIE, , ,Mailing Address 3711 SAN FELIPE ST
UNIT 14ACity
HOUSTONState
TXZip Code
77027-4040FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44837321**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CLARK, JANET, , ,

Mailing Address 2007 DUNSTAN RD

City
HOUSTONState
TXZip Code
77005-1621FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44837322**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2262 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HENDEREK, MICHAEL, F., ,

Mailing Address 3640 CHEVY CHASE DR

City
HOUSTONState
TXZip Code
77019-3010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44837319**

Amount of Each Receipt this Period

1250.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HENDEREK, NANCY, , ,

Mailing Address 3640 CHEVY CHASE DR

City
HOUSTONState
TXZip Code
77019-3010FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HOUSTON INTERNATIONAL DANCE COALITIONOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44837320**

Amount of Each Receipt this Period

1250.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HORVITZ, DAVID, , ,Mailing Address 401 E LAS OLAS BLVD
STE 2200City
FORT LAUDERDALEState
FLZip Code
33301-2244FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SOUTHOCEAN CAPITAL PARTNERSOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2025**Transaction ID : 44837318**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2263 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAYNOR, GEOFFREY, , ,Mailing Address 301 COMMERCE ST
STE 3200City
FORT WORTHState
TXZip Code
76102-4150FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
Q INVESTMENTSOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44837323**

Amount of Each Receipt this Period

42500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RAYNOR, MONTANA, , ,

Mailing Address 10 WESTOVER RD

City
FORT WORTHState
TXZip Code
76107-3103FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2025**Transaction ID : 44837324**

Amount of Each Receipt this Period

42500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RATTNER, STEVEN, , ,

Mailing Address 998 5TH AVE

City
NEW YORKState
NYZip Code
10028-0102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QUADRANGLE GROUP LLCOccupation (for Individual)
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025**Transaction ID : 44837325**

Amount of Each Receipt this Period

44300.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2264 OF 2977
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BERGER, MITCHELL, , ,Mailing Address 201 E LAS OLAS BLVD
STE 1500City
FORT LAUDERDALEState
FLZip Code
33301-4439FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
BERGER SINGERMANN LLPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837347

Amount of Each Receipt this Period

1250.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CHERN, ERIC, , ,

Mailing Address 3824 SUNSET LN

City
NORTHBROOKState
ILZip Code
60062-1805FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
CTCOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837335

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. COHEN, ROBERT, , ,

Mailing Address 22 BYRON LN

City
LARCHMONTState
NYZip Code
10538-1618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
RA COHEN & ASSOCIATES INC.Occupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837329

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2265 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DARIVOFF, PHILIP, , ,

Mailing Address 1 FARMSTEAD RD

City
SHORT HILLSState
NJZip Code
07078-1291FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
VIBRANT CAPITAL PARTNERSOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837342

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DAVIS, TONY, , ,Mailing Address 9 W WALTON ST
APT 3002City
CHICAGOState
ILZip Code
60610-7338FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LINDEN CAPITAL PARTNERSOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837344

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EDELL, DEBORAH, , ,

Mailing Address 65 E 76TH ST

City
NEW YORKState
NYZip Code
10021-1844FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837326

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2266 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GADINSKY, JULIE, , ,

Mailing Address 810 WARNER AVE

City
LOS ANGELESState
CAZip Code
90024-3328FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
THERAPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44837339

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GURAL, JEFFREY, R., ,Mailing Address 300 CENTRAL PARK W
FL 11City
NEW YORKState
NYZip Code
10024-1513FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GFP REAL ESTATEOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44837348

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEIMAN, GARY, , ,

Mailing Address 3005 BURNING TREE LN

City
CINCINNATIState
OHZip Code
45237-1715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STANDARD TEXTILE CO.Occupation (for Individual)
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44837336

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2267 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HUIZENGA, HARRY, SCOTT, ,

Mailing Address 5931 PINE TREE DR

City
MIAMI BEACHState
FLZip Code
33140-2124FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE/ INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837351

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KAPNER, HILARY, , ,

Mailing Address 6525 KENHILL RD

City
BETHESDAState
MDZip Code
20817-6011FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
HSK CONSULTING, LLCOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837341

Amount of Each Receipt this Period

3750.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEIFER, ALAN, JAY, ,

Mailing Address 86 CLEMENTS RD

City
NEWTONState
MAZip Code
02458-2618FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LEIFER CAPITALOccupation (for Individual)
INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837327

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2268 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIEBERMAN, DAVID, , ,

Mailing Address 4662 ISELIN AVE

City
BRONXState
NYZip Code
10471-3322FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
GTSOccupation (for Individual)
CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44837343

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MARYLAND ASSOCIATION FOR CONCERNED CITIZENS PAC

Mailing Address PO BOX 32196

City
BALTIMOREState
MDZip Code
21282-2196FEC ID number of contributing
federal political committee.**C** C00195024

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44842836

Amount of Each Receipt this Period

3750.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MILLER, LEE, , ,Mailing Address 11 E WALTON ST
APT 3502City
CHICAGOState
ILZip Code
60611-5437FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
ABUNDANT VENTURE PARTNERSOccupation (for Individual)
OPERATING PARTNER/BOARD MEME

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
02 / 27 / 2025

Transaction ID : 44837334

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2269 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORGAN, SARA, S., ,Mailing Address 2121 KIRBY DR
UNIT 19City
HOUSTONState
TXZip Code
77019-6064FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837352**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OLSON, LYNDON, , ,

Mailing Address 3812 GREENLEAF DR

City
WACOState
TXZip Code
76710-1416FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837350**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PANAR, MANNY, , ,Mailing Address 3118 GRACEFIELD RD
APT T01City
SILVER SPRINGState
MDZip Code
20904-7869FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837333**

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2270 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PISCITELLI, JUNE, , ,

Mailing Address 3332 NE 16TH CT

City
FORT LAUDERDALEState
FLZip Code
33305-3715FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837345

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PLATT, JULIE, , ,

Mailing Address 10393 STRATHMORE DR

City
LOS ANGELESState
CAZip Code
90024-2538FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837337

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RUBIN, MARK, , ,

Mailing Address 2878 RHONE DR

City
PALM BEACH GARDENSState
FLZip Code
33410-1264FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44837328

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 2271 OF 2977
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RUBINSTEIN, ANDREW, , ,

Mailing Address 21 KENWOOD RD

City
TENAFLYState
NJZip Code
07670-2211FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
OBERLAND CAPITALOccupation (for Individual)
MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837340**

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAROFIM, SUSAN, , ,

Mailing Address 3745 DEL MONTE DR

City
HOUSTONState
TXZip Code
77019-3017FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837346**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIMON, HERBERT, , ,

Mailing Address 536 W 86TH ST

City
INDIANAPOLISState
INZip Code
46260-2343FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837332**

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2272 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. STERLING, DAVID, , ,

Mailing Address 33 WINDSOR DR

City
JERICHOState
NYZip Code
11753-1327FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
STERLING & STERLING INSURANCE INC.Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837331**

Amount of Each Receipt this Period

7500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WILNER, CAROL, , ,Mailing Address 5610 WISCONSIN AVE
APT 1609City
CHEVY CHASEState
MDZip Code
20815-4420FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837349**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WULIGER, SANDRA, H., ,

Mailing Address 20 BASSWOOD LN

City
MORELAND HILLSState
OHZip Code
44022-1377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837338**

Amount of Each Receipt this Period

3750.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2273 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WULIGER, TIMOTHY, F., ,

Mailing Address 20 BASSWOOD LN

City
MORELAND HILLSState
OHZip Code
44022-1377FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
MALLARD INVESTMENTSOccupation (for Individual)
CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025**Transaction ID : 44837330**

Amount of Each Receipt this Period

3750.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JEFFRIES VICTORY FUNDMailing Address 910 17TH ST NW
STE 925City
WASHINGTONState
DCZip Code
20006-2641FEC ID number of contributing
federal political committee.**C** C00768200

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1013500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44833277**

Amount of Each Receipt this Period

476700.00

☐ Memo Item

JOINT FUNDRAISING TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLHASSANI, MEHDI, , ,

Mailing Address 13920 MIR MIROU DR

City
LOS ALTOS HILLSState
CAZip Code
94022-2403FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PALANTIR TECHNOLOGIESOccupation (for Individual)
MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

32300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44837356**

Amount of Each Receipt this Period

32300.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

476700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2274 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISH, JOHN, F., ,Mailing Address **776 BOYLSTON ST**
PH 2ACity
BOSTONState
MAZip Code
02199-7854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUFFOLK CONSTRUCTIONOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44300.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44837360**

Amount of Each Receipt this Period

44300.00☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORD, ARLENE, , ,Mailing Address **3310 FAIRMOUNT ST**
APT 17ACity
DALLASState
TXZip Code
75201-1241FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
EQUITY INQUIRY PROJECT INC.Occupation (for Individual)
EDUCATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44837353**

Amount of Each Receipt this Period

7500.00☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GARCIA, DOMINGO, , ,Mailing Address **400 S ZANG BLVD**
STE 600City
DALLASState
TXZip Code
75208-6641FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44837358**

Amount of Each Receipt this Period

10000.00☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**0.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2275 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KING, JAMES, STEPHEN, ,

Mailing Address 1826 SUNSET BLVD

City
HOUSTONState
TXZip Code
77005-1716FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44837359**

Amount of Each Receipt this Period

5000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, PATRICK, , ,

Mailing Address 500 S US HIGHWAY 1

City
JUPITERState
FLZip Code
33477-6920FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
COASTAL CONSTRUCTIONOccupation (for Individual)
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44837354**

Amount of Each Receipt this Period

500.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PATMAN, CARRIN, , ,

Mailing Address 1824 LARCHMONT RD

City
HOUSTONState
TXZip Code
77019-3120FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

38000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44837357**

Amount of Each Receipt this Period

38000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2276 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PHAROS CAPITAL GROUP, LLCMailing Address 3889 MAPLE AVE
STE 400City
DALLASState
TXZip Code
75219-3925FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44842834**

Amount of Each Receipt this Period

2500.00

☒ Memo Item*LLC - MEMBERS BELOW IF ITEMIZED.
PERMISSIBLE FUNDS. JEFFRIES VICTORY FUND -
C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CRANTS, D., ROBERT, , III

Mailing Address 8 CADILLAC DR

City

BRENTWOOD

State

TN

Zip Code

37027-5087

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

PHAROS CAPITAL GROUP

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44842838**

Amount of Each Receipt this Period

833.34

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PHILLIPS, JAMES, W., ,Mailing Address 3889 MAPLE AVE
STE 400

City

DALLAS

State

TX

Zip Code

75219-3925

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

PHAROS CAPITAL GROUP LLC

Occupation (for Individual)

PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025**Transaction ID : 44842839**

Amount of Each Receipt this Period

833.33

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2277 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YOUNGBLOOD, KNEELAND, , ,Mailing Address 300 CRESCENT CT
STE 13780City
DALLASState
TXZip Code
75201-1876FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
PHAROS CAPITAL GROUPOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44842837

Amount of Each Receipt this Period

833.33

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SULLIVAN, PEACE, , ,Mailing Address 10203 COLLINS AVE
UNIT 1401N

City

BAL HARBOUR

State

FL

Zip Code

33154-1857

FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44837355

Amount of Each Receipt this Period

13000.00

☒ Memo Item

* JEFFRIES VICTORY FUND - C00768200

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. JEFFRIES VICTORY FUND - UNITEMIZEDMailing Address 910 17TH ST NW
STE 925

City

WASHINGTON

State

DC

Zip Code

20006-2641

FEC ID number of contributing
federal political committee.**C** C00768200

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44833277J

Amount of Each Receipt this Period

3.50

☒ Memo Item

* JOINT FUNDRAISING TRANSFER

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

476700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2278 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RWT PRODUCTION, LLCMailing Address **ATTN: PETE TAYLOR**
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3011.13

Date of Receipt

02 / 10 / 2025**Transaction ID : SA15-1093889**

Amount of Each Receipt this Period

990.63☐ Memo Item**REIMBURSEMENT POSTAGE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RWT PRODUCTION, LLCMailing Address **ATTN: PETE TAYLOR**
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3011.13

Date of Receipt

02 / 10 / 2025**Transaction ID : SA15-1093887**

Amount of Each Receipt this Period

2020.50☐ Memo Item**REIMBURSEMENT PRINTING**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLERMailing Address **110 STATE ST**City
ALBANYState
NYZip Code
12236FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

152.36

Date of Receipt

02 / 11 / 2025**Transaction ID : SA15-1093890**

Amount of Each Receipt this Period

152.36☐ Memo Item**REIMBURSEMENT PAYROLL TAXES****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**3163.49**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2279 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RENAISSANCE HOTEL OPERATING CO DBA RENAISSANCE CHI DOWNTOWN HOTEL

Mailing Address 1 W WACKER DR

City
CHICAGOState
ILZip Code
60601FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		25		2025

Transaction ID : SA15-1093886

Amount of Each Receipt this Period

☐ Memo Item

REIMBURSEMENT EVENTS/MEETINGS

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2280 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FAIR SHOT PAC

Mailing Address PO BOX 361

City
MALDENState
MAZip Code
02148-0004FEC ID number of contributing
federal political committee.**C**

C00574970

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641775

Amount of Each Receipt this Period

45000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FAIR SHOT PAC

Mailing Address PO BOX 361

City
MALDENState
MAZip Code
02148-0004FEC ID number of contributing
federal political committee.**C**

C00574970

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2025

Transaction ID : 44641776

Amount of Each Receipt this Period

45000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City
ARLINGTONState
VAZip Code
22209-2305FEC ID number of contributing
federal political committee.**C**

C00142711

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2025

Transaction ID : 44660739

Amount of Each Receipt this Period

45000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

135000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2281 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELOITTE POLITICAL ACTION COMMITTEE

Mailing Address 555 12TH ST NW
STE 500

City
WASHINGTON

State
DC

Zip Code
20004-1231

FEC ID number of contributing
federal political committee.

C C00211318

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2025

Transaction ID : 44701832

Amount of Each Receipt this Period

15000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN BANKERS ASSOCIATION BANKPAC

Mailing Address 1120 CONNECTICUT AVE NW
STE 600

City
WASHINGTON

State
DC

Zip Code
20036-3971

FEC ID number of contributing
federal political committee.

C C00004275

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44667125

Amount of Each Receipt this Period

15000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CABRASER, ELIZABETH, J., ,

Mailing Address 5100 VINE HILL RD

City
SEBASTOPOL

State
CA

Zip Code
95472-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

LIEFF CABRASER HEIMANN & BERNSTEIN LLP

ATTORNEY

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

RECOUNT

Aggregate Year-to-Date ▼

5700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44677693

Amount of Each Receipt this Period

5700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

35700.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2282 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOBART, JENNIFER, M., ,Mailing Address 301 MISSION ST
APT 902City
SAN FRANCISCOState
CAZip Code
94105-6659FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
KAISER FOUNDATION HEALTH PLANOccupation (for Individual)
VICE PRESIDENT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

5700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44701836

Amount of Each Receipt this Period

5700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANDEL, STEPHEN, , ,

Mailing Address 2 GREENWICH PLZ

City
GREENWICHState
CTZip Code
06830-6353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
LONE PINE CAPITALOccupation (for Individual)
HEDGE FUND MANAGER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

80700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693357

Amount of Each Receipt this Period

80700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MANDEL, SUSAN, , ,

Mailing Address 2 GREENWICH PLZ

City
GREENWICHState
CTZip Code
06830-6353FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

RECOUNT

Aggregate Year-to-Date ▼

80700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44693361

Amount of Each Receipt this Period

80700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

167100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2283 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. REVIVING AMERICAN JOBS AGAIN PAC

Mailing Address 626 ELMORE ST

City
PARK RIDGEState
ILZip Code
60068-3441FEC ID number of contributing
federal political committee.**C**

C00649772

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 13 / 2025

Transaction ID : 44660719

Amount of Each Receipt this Period

35000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN COUNCIL OF ENGINEERING COMPANIES PACMailing Address 1015 15TH ST NW
STE 802City
WASHINGTONState
DCZip Code
20005-2605FEC ID number of contributing
federal political committee.**C**

C00010868

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44701843

Amount of Each Receipt this Period

15000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SHORE PAC

Mailing Address PO BOX 3157

City
LONG BRANCHState
NJZip Code
07740-3157FEC ID number of contributing
federal political committee.**C**

C00410308

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

RECOUNT

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2025

Transaction ID : 44693367

Amount of Each Receipt this Period

35000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

85000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2284 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DELL TECHNOLOGIES POLITICAL ACTION COMMITTEE

Mailing Address 1 DELL WAY

City
ROUND ROCKState
TXZip Code
78682-7000FEC ID number of contributing
federal political committee.**C** C00369751

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 18 / 2025

Transaction ID : 44735555

Amount of Each Receipt this Period

30000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCOTT, PHILIP, D, ,

Mailing Address 19 ROBBIE RD

City
CORTLANDT MANORState
NYZip Code
10567-6740FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755770

Amount of Each Receipt this Period

2000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025;
HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SEUBERT, SUZANNE, , ,

Mailing Address PO BOX 304

City
ROCKLANDState
DEZip Code
19732-0304FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2025

Transaction ID : 44755787

Amount of Each Receipt this Period

300.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/25/2025;
HEADQUARTERS/BUILDING FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2285 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WOLVERINE PACMailing Address 607 14TH ST NW
STE 800City
WASHINGTONState
DCZip Code
20005-2005FEC ID number of contributing
federal political committee.**C**

C00451583

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44753757

Amount of Each Receipt this Period

10000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RATTNER, STEVEN, , ,

Mailing Address 998 5TH AVE

City
NEW YORKState
NYZip Code
10028-0102FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
QUADRANGLE GROUP LLCOccupation (for Individual)
MANAGING PARTNER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

43700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

Transaction ID : 44837306

Amount of Each Receipt this Period

43700.00

☒ Memo Item* JEFFRIES VICTORY FUND - C00768200;
RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ALLIED PILOTS ASSOCIATION PACMailing Address 601 13TH ST NW
STE 900City
WASHINGTONState
DCZip Code
20005-3807FEC ID number of contributing
federal political committee.**C**

C00267849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

RECOUNT

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

Transaction ID : 44765818

Amount of Each Receipt this Period

45000.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

55000.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2286 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input checked="" type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALLIED PILOTS ASSOCIATION PACMailing Address 601 13TH ST NW
STE 900City
WASHINGTONState
DCZip Code
20005-3807FEC ID number of contributing
federal political committee.**C** C00267849

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44765817

Amount of Each Receipt this Period

45000.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GOLDEN, BRUCE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

5700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44760954

Amount of Each Receipt this Period

5700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GREENHUT, CHRISTOPHER, , ,

Mailing Address 6245 GARLOCK WAY

City
COLORADO SPRINGSState
COZip Code
80918-3121FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780098

Amount of Each Receipt this Period

1000.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025;
HEADQUARTERS/BUILDING FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

51700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2287 OF 2977

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JEFFRIES VICTORY FUND

Mailing Address 910 17TH ST NW
STE 925

City
WASHINGTON

State
DC

Zip Code
20006-2641

FEC ID number of contributing
federal political committee.

C C00768200

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

549400.00

Date of Receipt

02 / **28** / **2025**

Transaction ID : 44833278

Amount of Each Receipt this Period

176600.00

☐ Memo Item

RECOUNT/LEGAL FUND JOINT FUNDRAISING
TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JEFFRIES VICTORY FUND

Mailing Address 910 17TH ST NW
STE 925

City
WASHINGTON

State
DC

Zip Code
20006-2641

FEC ID number of contributing
federal political committee.

C C00768200

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

359300.00

Date of Receipt

02 / **28** / **2025**

Transaction ID : 44833279

Amount of Each Receipt this Period

111500.00

☐ Memo Item

HEADQUARTERS/BUILDING FUND JOINT
FUNDRAISING TRANSFER

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KARGER, STEPHANIE, , ,

Mailing Address 38 WAUWINET RD

City
WEST NEWTON

State
MA

Zip Code
02465-2957

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
CPA

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

360.00

Date of Receipt

02 / **28** / **2025**

Transaction ID : 44780090

Amount of Each Receipt this Period

180.00

☐ Memo Item

* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025;
HEADQUARTERS/BUILDING FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288280.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2288 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERCER, MICHELLE, , ,Mailing Address 2500 STEINER ST
UNIT 10City
SAN FRANCISCOState
CAZip Code
94115-1187FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
PHILANTHROPIST

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

RECOUNT

Aggregate Year-to-Date ▼

5700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44760951

Amount of Each Receipt this Period

5700.00

☐ Memo Item

RECOUNT/LEGAL FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. RASCHKE, DONALD, C., ,

Mailing Address 130 AHRENS AVE

City
BRENHAMState
TXZip Code
77833-5139FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
N/AOccupation (for Individual)
NOT EMPLOYED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

HEADQUARTERS ACCOUNT

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44780083

Amount of Each Receipt this Period

150.00

☐ Memo Item* EARMARKED CONTRIBUTION THROUGH
ACTBLUE PAC ON 02/28/2025;
HEADQUARTERS/BUILDING FUND CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FISH, JOHN, F., ,Mailing Address 776 BOYLSTON ST
PH 2ACity
BOSTONState
MAZip Code
02199-7854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUFFOLK CONSTRUCTIONOccupation (for Individual)
PRESIDENT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify)

RECOUNT

Aggregate Year-to-Date ▼

132900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2025

Transaction ID : 44837307

Amount of Each Receipt this Period

132900.00

☒ Memo Item* JEFFRIES VICTORY FUND - C00768200;
RECOUNT/LEGAL FUND CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5850.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2289 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FISH, JOHN, F., ,Mailing Address **776 BOYLSTON ST**
PH 2ACity
BOSTONState
MAZip Code
02199-7854FEC ID number of contributing
federal political committee.**C**Name of Employer (for Individual)
SUFFOLK CONSTRUCTIONOccupation (for Individual)
PRESIDENT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼**HEADQUARTERS ACCOUNT**

Aggregate Year-to-Date ▼

111500.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44837305**

Amount of Each Receipt this Period

111500.00☒ Memo Item*** JEFFRIES VICTORY FUND - C00768200;
HEADQUARTER/BUILDING FUND CONTRIBUTION**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE PACMailing Address **366 SUMMER ST**

City

SOMERVILLE

State

MA

Zip Code

02144-3132FEC ID number of contributing
federal political committee.**C C00401224**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10162.00

Date of Receipt

02 / 28 / 2025**Transaction ID : 44780104E**

Amount of Each Receipt this Period

10162.00☒ Memo Item**NOTE: TOTAL CONTRIBUTION(S) EARMARKED
THROUGH THIS ORGANIZATION.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANK OF AMERICAMailing Address **PO BOX 53155**

City

PHOENIX

State

AZ

Zip Code

85072-3155FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

118244.41

Date of Receipt

02 / 28 / 2025**Transaction ID : SA17-1094139**

Amount of Each Receipt this Period

34021.54☐ Memo Item**HEADQUARTERS INTEREST INCOME****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**34021.54**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 2290 OF 2977

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118244.41

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : SA17-1094137**

Amount of Each Receipt this Period

6339.42

☐ Memo Item

INTEREST INCOME

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

118244.41

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : SA17-1094138**

Amount of Each Receipt this Period

3.84

☐ Memo Item

INTEREST INCOME

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

118244.41

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2025**Transaction ID : SA17-1094136**

Amount of Each Receipt this Period

15638.16

☐ Memo Item

RECOUNT INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21981.42

911932.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2291 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

4.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

6172.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6180.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2292 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

106.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

HEADQUARTERS BANK FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

178.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

289.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2293 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2757.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

36.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

22.59

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2817.33

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2294 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

5998.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

6733.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

296.32

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13028.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2295 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

4.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3071.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

53.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3129.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2296 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

0.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5148.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

30.78

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5179.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2297 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

19268.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

4205.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

23477.77

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2298 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	6			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

47.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BENJAMIN OFFICE SUPPLY & SERVICES, INC.

Mailing Address 758 EAST GUDE DRIVE

City
ROCKVILLEState
MDZip Code
20850

Purpose of Disbursement

HEADQUARTERS SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

1630.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FOLEY CARRIER SERVICES, LLCMailing Address 10 NEW ENGLAND BUSINESS CENTER DR
SUITE 302City
ANDOVERState
MAZip Code
01810

Purpose of Disbursement

HEADQUARTERS WIRE/ONLINE SERVICE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

133.30

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1811.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2299 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SUNSET HILLS FOLIAGE, INC.

Mailing Address PO BOX 1239

City
LAURELState
MDZip Code
20725

Purpose of Disbursement

HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

894.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST-CITIZENS BANK & TRUST COMP. - CIT

Mailing Address 21146 NETWORK PLACE

City
CHICAGOState
ILZip Code
60673

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

653.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST-CITIZENS BANK & TRUST COMP. - CIT

Mailing Address 21146 NETWORK PLACE

City
CHICAGOState
ILZip Code
60673

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

616.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2164.30

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2300 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FIRST-CITIZENS BANK & TRUST COMP. - CIT

Mailing Address 21146 NETWORK PLACE

City
CHICAGOState
ILZip Code
60673

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

648.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUENCH USA INC. CULLIGAN QUENCHMailing Address 630 ALLENDALE RD
STE 200City
KING OF PRUSSIAState
PAZip Code
19406

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

263.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003

Purpose of Disbursement

HEADQUARTERS POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

90035.40

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

90947.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2301 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. IRON MOUNTAIN RECORDS MANAGEMENT

Mailing Address PO BOX 27128

City
NEW YORKState
NYZip Code
10087-7128

Purpose of Disbursement

HEADQUARTERS RENT/OCCUPANCY

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2097.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KASTLE SYSTEMS LLC

Mailing Address 6402 ARLINGTON BLVD

City
FALLS CHURCHState
VAZip Code
22042

Purpose of Disbursement

HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

4662.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GILBERT & WOLFAND, PC

Mailing Address 2201 WISCONSIN AVENUE, NW

City
WASHINGTONState
DCZip Code
20007

Purpose of Disbursement

HEADQUARTERS ACCOUNTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2020.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8780.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2302 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALETRONA LLCMailing Address 2776 S ARLINGTON MILL DR.
#175City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
HEADQUARTERS COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

1869.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALETRONA LLCMailing Address 2776 S ARLINGTON MILL DR.
#175City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
HEADQUARTERS DELIVERY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

72.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITRON HYGIENE US CORP

Mailing Address 13 LINNELL CIR

City
BILLERICAState
MAZip Code
01821Purpose of Disbursement
HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

663.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2604.07

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2303 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. 55M DC OWNER, LLCMailing Address SPEAR TOWER
1 MARKET STREET, SUITE 4125

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 55M DC OWNER, LLCMailing Address SPEAR TOWER
1 MARKET STREET, SUITE 4125

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

5720.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. 55M DC OWNER, LLCMailing Address SPEAR TOWER
1 MARKET STREET, SUITE 4125

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
HEADQUARTERS RENT/OCCUPANCY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

81642.58

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

87762.58

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2304 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. 55M DC OWNER, LLCMailing Address SPEAR TOWER
1 MARKET STREET, SUITE 4125

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement
HEADQUARTERS RENT/OCCUPANCY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

165837.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BIG EYE DIRECT ATTN: MIKE CALDER

Mailing Address 13864 REDSKIN DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

197.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BIG EYE DIRECT ATTN: MIKE CALDER

Mailing Address 13864 REDSKIN DRIVE

City HERNDON State VA Zip Code 20171

Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 07 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2844.71

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

168879.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2305 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

174940.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE DATA CENTER, INC.Mailing Address 9720 CAPITAL COURT
SUITE 101City
MANASSASState
VAZip Code
20110Purpose of Disbursement
COMPUTER SERVICESCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

18000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TATANGO, INC.Mailing Address 2211 ELLIOTT AVE
SUITE 200City
SEATTLEState
WAZip Code
98121Purpose of Disbursement
GENERIC CMTE. SUBSCRIPTIONSCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

31800.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

224740.03

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2306 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. TATANGO, INC.Mailing Address 2211 ELLIOTT AVE
SUITE 200City
SEATTLEState
WAZip Code
98121

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

47700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RISING TIDE INTERACTIVE, LLC

Mailing Address 529 14TH ST NW

City
WASHINGTONState
DCZip Code
20045

Purpose of Disbursement

GENERIC CMTE. ADVERTISING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

116000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRAL RESOURCES, LLC

Mailing Address 501 SILVERSIDE RD., #308

City
WILMINGTONState
DEZip Code
19809

Purpose of Disbursement

GENERIC CMTE. TELEMARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

14685.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

178385.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2307 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SWITCHBOARD PUBLIC BENEFIT CORP.

Mailing Address PO BOX 33485

City
WASHINGTONState
DCZip Code
20033Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

64513.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SWITCHBOARD PUBLIC BENEFIT CORP.

Mailing Address PO BOX 33485

City
WASHINGTONState
DCZip Code
20033Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2762.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MESSAGE DIGITAL LLC

Mailing Address PO BOX 391257

City
MOUNTAIN VIEWState
CAZip Code
94039Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2120.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

69396.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2308 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MESSAGE DIGITAL LLC

Mailing Address PO BOX 391257

City
MOUNTAIN VIEWState
CAZip Code
94039Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

132500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MESSAGE DIGITAL LLC

Mailing Address PO BOX 391257

City
MOUNTAIN VIEWState
CAZip Code
94039Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

318.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CCDC HOTEL LLC D/B/A CONRAD WASHINGTON DC

Mailing Address 950 NEW YORK AVENUE NW

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GENERIC CMTE. EVENTS/MEETINGSCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

36586.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

169404.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2309 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CONTEMPORARY ARTS FOUNDATION INC RUBELL MUSEUM

Mailing Address 1100 NW 23RD ST

City
MIAMIState
FLZip Code
33127

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEJOY, RYAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PER DIEM

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

150.00

ACH PAYMENT

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EDGEWATER HOTEL ASSOCIATES LLC THE EDGEWATER HOTEL

Mailing Address 2411 ALASKAN WAY

City
SEATTLEState
WAZip Code
98121

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

8500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

28650.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2310 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CENTER ART LLC CHIHULY GARDEN AND GLASS

Mailing Address 1050 W EWING ST

City
SEATTLEState
WAZip Code
98109

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

27800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVIS, NINA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

24.80

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WASHINGTON METROPOLITAN AREA

Mailing Address 600 FIFTH STREET, NW

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

24.80

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

27824.80

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2311 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. POLITICAL DATA INTELLIGENCE, LLC

Mailing Address PO BOX 59570

City
NORWALKState
CAZip Code
90652Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

40000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GILBERT & WOLFAND, PC

Mailing Address 2201 WISCONSIN AVENUE, NW

City
WASHINGTONState
DCZip Code
20007Purpose of Disbursement
ACCOUNTING SVCS. RENDERED

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

21410.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001Purpose of Disbursement
GENERIC CMTE. DELIVERY EXPENSECategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

208.71

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

61618.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2312 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITAL STRATEGIES TERRI NEWMailing Address 4712 ADMIRALTY WAY
#670City
MARINA DEL REYState
CAZip Code
90292

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

12000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MKZ STRATEGIES & EVENTS, INC.

Mailing Address 1809 BAY STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10935**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37036.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2313 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PRESTA, LISA, , ,

Mailing Address 163 FOREST SIDE AVE

City
SAN FRANCISCO

State
CA

Zip Code
94127

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRESTA, LISA, , ,

Mailing Address 163 FOREST SIDE AVE

City
SAN FRANCISCO

State
CA

Zip Code
94127

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

189.63

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCO

State
CA

Zip Code
94102

Purpose of Disbursement

TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

63.76

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10189.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2314 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCOState
CAZip Code
94102

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

43.66

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCOState
CAZip Code
94102

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

58.15

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCOState
CAZip Code
94102

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

24.06

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2315 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JBW CONSULTING LLC JACLYN BROTH WEINBERG

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2025

Mailing Address 601 EAST 20TH STREET
10FCity
NEW YORKState
NYZip Code
10010

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SLOW IT DOWN LLC AMA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2025

Mailing Address 885 NEW JERSEY AVE SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

19937.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2.43

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

34939.93

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2316 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

20.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

10107.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

393.65

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10521.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2317 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3763.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

227.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3994.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2318 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3018.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

160.24

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3184.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2319 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

1.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4016.40

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4021.99

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2320 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

130.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEVEL 3 COMMUNICATIONS LLC

Mailing Address PO BOX 910182

City
DENVERState
COZip Code
80291-0182

Purpose of Disbursement

HEADQUARTERS INTERNET/PHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3976.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED BUSINESS TECHNOLOGIES

Mailing Address 9218 GAITHER ROAD

City
GAITHERSBURGState
MDZip Code
20877

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10934

Amount of Each Disbursement this Period

51.48

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4158.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2321 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UNITED BUSINESS TECHNOLOGIES

Mailing Address 9218 GAITHER ROAD

City
GAITHERSBURGState
MDZip Code
20877

Purpose of Disbursement

HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

80.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INSIGHT DIRECT USA, INC.

Mailing Address PO BOX 731069

City
DALLASState
TXZip Code
75373-1069

Purpose of Disbursement

HEADQUARTERS SOFTWARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

777.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT-RISK INTERNATIONAL LLCMailing Address 11654 PLAZA AMERICA DRIVE
#609City
RESTONState
VAZip Code
20190

Purpose of Disbursement

HEADQUARTERS SECURITY CONSULTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4357.75

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2322 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SADA SYSTEMS, LLCMailing Address 5250 LANKERSHIM BLVD
#620City
NORTH HOLLYWOODState
CAZip Code
91601Purpose of Disbursement
HEADQUARTERS SOFTWARE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

4175.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOIN DIGITAL, INC.

Mailing Address 2331 ZANKER RD

City
SAN JOSEState
CAZip Code
95131Purpose of Disbursement
HEADQUARTERS INTERNET/PHONE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OKTA, INC.

Mailing Address 100 FIRST STREET, SUITE 600

City
SAN FRANCISCOState
CAZip Code
94105Purpose of Disbursement
HEADQUARTERS WIRE/ONLINE SERVICE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

23775.09

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

30051.07

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2323 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217

Purpose of Disbursement

COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

43000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217

Purpose of Disbursement

COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10934

Amount of Each Disbursement this Period

5250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

48254.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2324 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

4828.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

104962.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

75015.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

184806.84

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2325 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

278.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAL RESOURCES, LLC

Mailing Address 501 SILVERSIDE RD., #308

City
WILMINGTONState
DEZip Code
19809Purpose of Disbursement
GENERIC CMTE. TELEMARKETINGCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

20585.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132Purpose of Disbursement
GENERIC CMTE. PROCESSING FEESCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 13 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

6929.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

27792.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2326 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

68.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN KEITH JOHNSON T/A BIENVENU

Mailing Address PO BOX 21610

City
WASHINGTONState
DCZip Code
20009

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

2525.00

SOLE PROPRIETORSHIP

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SOVEREIGN PROGRAMS HOLDCO, LLC ATTN: ABIGAIL BOATMUN

Mailing Address 329 EAST CAPITOL STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

150.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2743.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2327 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STRATEGIES 360, INC.

Mailing Address PO BOX 84851

City
SEATTLEState
WAZip Code
98124

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

5381.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN & LILLIAN MILES LEWIS FOUNDATION, INC

Mailing Address 44869 PO BOX

City
ATLANTAState
GAZip Code
30336

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. DELIVERY EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10935

Amount of Each Disbursement this Period

275.04

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5806.29

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2328 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPRINT INTERACTIVE LLCMailing Address 1220 19TH ST NW
STE 700City
WASHINGTONState
DCZip Code
20036

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

6763.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MLT STRATEGIC FUNDRAISING LLC MARIAM Z. TABAIE

Mailing Address 800 N. WAKEFIELD STREET

City
ARLINGTONState
VAZip Code
22203

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

7500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14299.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2329 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ILLUMIS, INC

Mailing Address 136 MADISON AVE

City
NEW YORKState
NYZip Code
10016

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

794.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLONIAL PARKING, INC.

Mailing Address PO BOX 79241

City
BALTIMOREState
MDZip Code
21279-0241

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLONIAL PARKING, INC.

Mailing Address PO BOX 79241

City
BALTIMOREState
MDZip Code
21279-0241

Purpose of Disbursement

TRAVEL

Candidate Name

002
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3784.25

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4580.37

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2330 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ZOOM VIDEO COMMUNICATIONS, INC.

Mailing Address 55 ALMADEN BLVD., 6TH FL

City
SAN JOSEState
CAZip Code
95113

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2828.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. POTOMAC GRAPHICS INC. DBA ASAP PRINTING & GRAPHICS

Mailing Address 313 HOOFFS RUN DR

City
ALEXANDRIAState
VAZip Code
22314

Purpose of Disbursement

GENERIC CMTE. PRINTING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

132.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QIA SR NY HOTEL LLC DBA ST REGIS NEW YORK

Mailing Address 2 E 55TH ST

City
NEW YORKState
NYZip Code
10022

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

8699.11

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

11659.19

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2331 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 416 FLORIDA AVE NW #26418

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

121.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VELOSIO

Mailing Address PO BOX 933191

City
CLEVELANDState
OHZip Code
44193

Purpose of Disbursement

HEADQUARTERS SOFTWARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ONG, ZHAOKANG, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2404.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5705.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2332 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ONG, ZHAOKANG, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

29.36

☐

Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

29.36

☒

Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HART, SOPHIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2606.61

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2635.97

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2333 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HART, SOPHIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DIZON, SAMANTHA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3297.74

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3372.74

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2334 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DIZON, SAMANTHA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. FORTE-MACKAY, JACQUELINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

5426.63

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5501.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2335 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FORTE-MACKAY, JACQUELINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. FREIBERG, TERESA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

546.59

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

621.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2336 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GARCIA, MARGAUX, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2386.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARCIA, MARGAUX, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2461.49

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2337 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JONES, CHRISTINA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3977.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JONES, CHRISTINA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

4052.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2338 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KOBE, RYAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2470.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KOBE, RYAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

65.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

65.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2535.47

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2339 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LAMBERT, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2717.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LAMBERT, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

65.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALTICE USA

Mailing Address 1 COURT SQ W

City
LONG ISLAND CITYState
NYZip Code
11101

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

65.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2782.16

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2340 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MASSAROLI, MICHAEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2435.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MASSAROLI, MICHAEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2510.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2341 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MELLOW, JOHN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2955.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OSBORNE, HANNAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3983.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OSBORNE, HANNAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

7013.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2342 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. RUSELOWSKI, ERIK, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5676.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RUSELOWSKI, ERIK, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

5751.38

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2343 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SALAZAR, DANIELA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3259.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAZAR, DANIELA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3334.13

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2344 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SANCHEZ, IVAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3768.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SANCHEZ, IVAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3843.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2345 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. POPE, KATHERINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2374.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POPE, KATHERINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

34.92

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2409.33

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2346 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

34.92

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. THOMAS, NICHOLAS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2599.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMAS, NICHOLAS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

70.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2669.35

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2347 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

70.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VELEZ-COOPER, MILLY, C., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3849.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VELEZ-COOPER, MILLY, C., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3924.46

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2348 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BROWN, TIMOTHY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2740.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VASA, SHEM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2543.04

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5283.06

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2349 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VASA, SHEM, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. WINSTON, DAVID, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3889.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3964.95

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2350 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WINSTON, DAVID, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BILBAO, MARIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

4302.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4377.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2351 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BILBAO, MARIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. CLARK, GEORGE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2178.45

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2253.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2352 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CLARK, GEORGE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DESAI, NISHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2946.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3021.80

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2353 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DESAI, NISHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐

Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒

Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HARRIS, OLIVIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2087.58

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2162.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2354 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JOHNSON, ALEXIS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2278.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON, ALEXIS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2353.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2355 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASEKOFF, DANIELLE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

1965.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASEKOFF, DANIELLE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2040.57

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2356 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SHAW, DANIEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2521.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHAW, DANIEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2596.69

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2357 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DOUGHERTY, ROBERT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3601.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOUGHERTY, ROBERT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3676.60

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2358 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LUCAS, HANNAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2138.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LUCAS, HANNAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2213.74

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2359 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MERZ, JULIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5992.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERZ, JULIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

6067.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2360 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MULLER, MENACHEM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

1968.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MULLER, MENACHEM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2043.35

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2361 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SCHMIDT, AARON, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

548.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALL, CATHERINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3957.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WALL, CATHERINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

4580.54

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2362 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BENTON, CHARLES, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3989.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLE, TASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

6174.05

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10163.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2363 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COLE, TASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. PLASENCIA, MARY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2164.73

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2239.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2364 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PLASENCIA, MARY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. STEWART, DANIELLE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1686.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1736.31

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2365 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. TATRO, DYJUAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3188.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TATRO, DYJUAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3263.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2366 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BUTLER, BROOKE, A., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5108.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUTLER, BROOKE, A., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

5183.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2367 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROY-CHAUDHURY, ADITYA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2699.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROY-CHAUDHURY, ADITYA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

52.69

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

52.69

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2751.93

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2368 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VAN NUYS, WILLIAM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

5164.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VAN NUYS, WILLIAM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5239.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2369 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDMAN, JULIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3194.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOLDMAN, JULIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3269.62

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2370 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LIN, SARAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2262.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIN, SARAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2337.16

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2371 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WARD, TIERRA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 14 2025

FEC Identification Number

C Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3077.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARD, TIERRA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 14 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 14 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3152.49

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2372 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SEUBERT, TRENTON, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3059.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SEUBERT, TRENTON, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

70.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

70.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3129.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2373 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. REMMEL, CAITLIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3111.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REMMEL, CAITLIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3186.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2374 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ASSELBAYE, SASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2043.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ASSELBAYE, SASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2118.91

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2375 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BARR, KELLY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3175.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BARR, KELLY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3250.78

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2376 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HSU, ZOE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2342.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MORAN, STEVEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

3207.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MORAN, STEVEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

5624.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2377 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOOGLE FI

Mailing Address 1600 AMPHITHT PKWY

City
MOUNTAIN VIEWState
CAZip Code
94043

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NEGI, ASHIKA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10936

Amount of Each Disbursement this Period

2542.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BOICE, OWEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1372.07

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3914.99

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2378 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BOICE, OWEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

50.00

☐ Memo Item **SEE ATTACHED MEMO ENTRY**

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

50.00

☒ Memo Item **MEMO ENTRY**

Full Name (Last, First, Middle Initial)

C. DRISCOLL, CLARE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

1861.81

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1911.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2379 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DRISCOLL, CLARE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

46.43

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

46.43

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HASTINGS, CAROLINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

1895.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1941.97

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2380 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MAINI, SAMIK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2004.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAINI, SAMIK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

20.74

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

20.74

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2024.99

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2381 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MCGOVERN, RACHEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3395.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCGOVERN, RACHEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3470.99

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2382 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PERROTTA, RACHEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3329.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERROTTA, RACHEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

60.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392Purpose of Disbursement
TELEPHONES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 14 / 2025

FEC Identification Number

C Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

60.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

3389.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2383 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BETRE, NEBEYATT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3521.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETRE, NEBEYATT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3571.90

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2384 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BOLEA, STEPHEN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3507.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOLEA, STEPHEN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

SEE ATTACHED MEMO ENTRY

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

MEMO ENTRY

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3582.21

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2385 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CASTRO, IRIS, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1625.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHERMOL, JUSTIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1140.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHERMOL, JUSTIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2840.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2386 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. CHING, EMMANUEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1958.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHING, EMMANUEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2033.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2387 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. DOUGHERTY, ELIZABETH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2734.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOUGHERTY, ELIZABETH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2809.53

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2388 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

☒ Memo Item **MEMO ENTRY**

Full Name (Last, First, Middle Initial)

B. RICE, COURTNEY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

4	3	8	9	.	3	5
---	---	---	---	---	---	---

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICE, COURTNEY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

7	5	.	0	0
---	---	---	---	---

☐ Memo Item **SEE ATTACHED MEMO ENTRY**
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	4	6	4	.	3	5
---	---	---	---	---	---	---

--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2389 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SHELTON, VIET, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3771.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHELTON, VIET, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

3846.29

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2390 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. CLANCY, JACK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2284.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLANCY, JACK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2359.74

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2391 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00☒ Memo Item **MEMO ENTRY**

Full Name (Last, First, Middle Initial)

B. COWEN, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

2312.01☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COWEN, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00☐ Memo Item **SEE ATTACHED MEMO ENTRY****SUBTOTAL** of Disbursements This Page (optional).....▶**2387.01****TOTAL** This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2392 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. DEJOY, RYAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2901.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEJOY, RYAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2976.45

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2393 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00☒ Memo Item **MEMO ENTRY**

Full Name (Last, First, Middle Initial)

B. GARCIA, CELESTINO, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

3848.15☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARCIA, CELESTINO, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00☐ Memo Item **SEE ATTACHED MEMO ENTRY****SUBTOTAL** of Disbursements This Page (optional)..... ►**3923.15****TOTAL** This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2394 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GARVEY, STEPHANIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2666.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARVEY, STEPHANIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2716.62

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2395 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

50.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MWESIGWA, JOANITA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

3057.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MWESIGWA, JOANITA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3132.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2396 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SHIFF, SOPHIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1792.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STENSTEDT, DARIUS, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2115.32

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3907.98

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2397 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STENSTEDT, DARIUS, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. WALLING, JAMES, , , IIMailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

2326.71

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2401.71

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2398 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WALLING, JAMES, , , IIMailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

67.12

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

67.12

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. WOFSY, LAYLA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

1660.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1727.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2399 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WOFSY, LAYLA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. YOUNG, IAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1587.95

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1662.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2400 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. YOUNG, IAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

62.00

☐

Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

62.00

☒

Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DAVIS, NINA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10937

Amount of Each Disbursement this Period

1844.77

☐

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1906.77

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2401 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DAVIS, NINA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GREEN, LIBERTIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10937**

Amount of Each Disbursement this Period

3072.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3147.28

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2402 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GREEN, LIBERTIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

50.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. T-MOBILE

Mailing Address PO BOX 742596

City
CINCINNATIState
OHZip Code
45274-2596

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

50.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. KUTNER, NOAH, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2699.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

2749.23

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2403 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KUTNER, NOAH, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MOORE, MADELEINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

2322.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2397.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2404 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MOORE, MADELEINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. POGACAR, ANTONIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4971.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5046.34

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2405 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. POGACAR, ANTONIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. CHRISTIDIS, ZOE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

1596.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1671.09

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2406 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CHRISTIDIS, ZOE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

60.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

60.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DUARTE, MATTHEW, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2094.23

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2154.23

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2407 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DUARTE, MATTHEW, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GAMBLE, MARGARET, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2							2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

2728.39

☐ Memo Item
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2803.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2408 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GAMBLE, MARGARET, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. A T & T

Mailing Address PO BOX 371430

City
PITTSBURGHState
PAZip Code
15250

Purpose of Disbursement

TELEPHONES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

75.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. LARKIN, JULIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

1880.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1955.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2409 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LARKIN, JULIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

70.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address PO BOX 920041

City
DALLASState
TXZip Code
75392

Purpose of Disbursement

TELEPHONES

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

70.00

MEMO ENTRY

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

18597.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18667.19

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2410 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

RETIREMENT

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

18069.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

6753.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

102244.85

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

127067.65

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2411 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

28761.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

246.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

189.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

29197.22

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2412 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3234.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2722.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

9.94

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5966.75

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2413 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

24.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

10626.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

588.42

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

11239.71

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2414 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

0.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

3548.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

88.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3636.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2415 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3366.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

65.14

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3434.68

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2416 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DC TREASURER MARKET MANAGER, EASTERN MARKETMailing Address **ATTN: NORTH HALL EVENTS**
225 7TH ST SECity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10936**

Amount of Each Disbursement this Period

6900.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PARAGON PAYMENT SOLUTIONSMailing Address **2141 E. BROADWAY RD**
SUITE 202City
TEMPEState
AZZip Code
85282

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10943**

Amount of Each Disbursement this Period

100.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KELLY & ASSOCIATES INSURANCE GROUP, INC.Mailing Address **PO BOX 630283**City
BALTIMOREState
MDZip Code
21263

Purpose of Disbursement

INSURANCE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10936**

Amount of Each Disbursement this Period

70734.77☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**77734.77**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2417 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2818.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

40.89

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2863.76

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2418 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.87

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. INTERNATIONAL TRANSACTION FEE

Mailing Address P.O. BOX 982238

City
EL PASOState
TXZip Code
79998

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1.34

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. INTERNATIONAL TRANSACTION FEE

Mailing Address P.O. BOX 982238

City
EL PASOState
TXZip Code
79998

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1.53

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.87

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2419 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

454.88

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. 1-800-FLOWERS.COM

Mailing Address 2 JERICHO PLZ.

City
JERICHOState
NYZip Code
11753Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

88.16

MEMO ENTRY

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. 1-800-FLOWERS.COM

Mailing Address 2 JERICHO PLZ.

City
JERICHOState
NYZip Code
11753Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

85.83

MEMO ENTRY

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4	5	4	.	8	8
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2420 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PINCKNEY COOKIE

Mailing Address 11251 120TH AVE. NE, STE. 205

City
KIRKLANDState
WAZip Code
98033Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

280.89

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
TRAVEL

Candidate Name

002
Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

403.30

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188Purpose of Disbursement
TRAVEL

Candidate Name

002
Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

403.30

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4	0	3	.	3	0						
---	---	---	---	---	---	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2421 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

921.02

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

132.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

117.00

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

921.02

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2422 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

84.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

84.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

93.30

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2423 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

93.30

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BLACKLANE

Mailing Address FEURIGSTRASSE 59

City
BERLINState
DEZip Code
10827

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

153.25

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BLACKLANE

Mailing Address FEURIGSTRASSE 59

City
BERLINState
DEZip Code
10827

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

134.17

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2424 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PARKRECEIPTS.COM

Mailing Address 5000 LEGACY DR.

City
PLANOState
TXZip Code
75024

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

30.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

224.60

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

112.30

☒ Memo Item MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	2	4	.	6	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2425 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATACState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

112.30

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. DELIVERY EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

18.24

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UPS

Mailing Address 1100 NEW JERSEY AVE. SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. DELIVERY EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

18.24

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

18.24

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2426 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16500.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. HINE RESTAURANTS

Mailing Address 300 7TH ST. SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8250.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HINE RESTAURANTS

Mailing Address 300 7TH ST. SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		03		2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8250.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2427 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

2700.00

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. THE HENRI

Mailing Address 1301 PENNSYLVANIA AVE. NW

City
WASHINGTONState
DCZip Code
20004

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

2700.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

129.90

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2829.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2428 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1630.74

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1630.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2429 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

320.93

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

43.38

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2430 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

198.24

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

138.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

174.25

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2431 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.85

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

29.51

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

39.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2432 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

28.14

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.14

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HARRIS TEETER

Mailing Address P.O. BOX 10100

City
MATTHEWSState
NCZip Code
22202Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

110.32

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2433 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. INNKEEPERS

Mailing Address 80 N SEMINARY ST.

City
GALESBURGState
ILZip Code
61401Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

179.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. LA COLOMBE COFFEE

Mailing Address 2620 E TIOGA ST.

City
PHILADELPHIAState
PAZip Code
19134Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

213.84

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD.

City
PLEASANTONState
CAZip Code
94588Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

110.50

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2434 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5	

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

681.94

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BRAY AND SCARFF LAUREL

Mailing Address 8610 CHERRY LN., STE. 8

City
LAURELState
MDZip Code
20707Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5	

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

581.94

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MLBSHOP.COM

Mailing Address 1271 6TH AVE.

City
NEW YORKState
NYZip Code
10020Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5	

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

100.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

681.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2435 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2179.41

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. 21CM NY NEWSPAPERS CIRC

Mailing Address 730 LENOX AVE.

City
ONEIDAState
NYZip Code
13421

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.00

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALBUQUERQUE JOURNAL CIRCULATIO

Mailing Address 7777 JEFFERSON ST. NE

City
ALBUQUERQUEState
NMZip Code
87109

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.00

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2179.41

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2436 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AUBURNPUB.COM

Mailing Address 25 SEMINARY ST., STE. R1

City
AUBURNState
NYZip Code
13021

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

31.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BHM WORLD HERALD NEWSPAPER

Mailing Address 2301 N 117TH AVE., STE. 201

City
OMAHAState
NEZip Code
68164

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

36.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BILLINGS GAZETTE THRIFTY NICKL

Mailing Address 401 N BROADWAY

City
BILLINGSState
MTZip Code
59101

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2437 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BOSTON GLOBE MEDIA

Mailing Address ONE EXCHANGE PLACE, STE. 201

City
BOSTONState
MAZip Code
02109

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

27.72

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. CHICAGO TRIBUNE

Mailing Address 160 N STETSON AVE.

City
CHICAGOState
ILZip Code
60601

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

40.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. CHICAGO TRIBUNE

Mailing Address 160 N STETSON AVE.

City
CHICAGOState
ILZip Code
60601

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

40.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2439 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FRAME.IO

Mailing Address 22 CORTLANDT ST., FL. 31

City
NEW YORKState
NYZip Code
10007

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

185.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. FRESNO BEE SUN

Mailing Address 2721 VENTURA ST.

City
FRESNOState
CAZip Code
93721

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

49.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2440 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.59

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2441 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.89

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.49

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2442 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.19

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2443 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.89

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.49

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.89

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2444 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.59

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.49

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GANNETT MEDIA

Mailing Address 1675 BROADWAY, 23RD FL.

City
NEW YORKState
NYZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.89

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2445 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GAZETTE COMMUNICATIONS

Mailing Address 116 3RD ST. SE

City
CEDAR RAPIDSState
IAZip Code
10019

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.33

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GRAND JUNCTION MEDIA INC

Mailing Address 734 S 7TH ST.

City
GRAND JUNCTIONState
COZip Code
81501

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. HOUSTON CHRONICLE

Mailing Address 4747 SOUTHWEST FWY.

City
HOUSTONState
TXZip Code
77027

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

27.72

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2446 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LEE NEWS SUBSCRIPTION

Mailing Address 4600 E 53RD ST.

City
DAVENPORTState
IAZip Code
52807

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

35.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. LVRJ CIRCULATION

Mailing Address 422 W FIRST ST.

City
GRAND ISLANDState
NEZip Code
68801

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.92

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MADISON NEWSPAPERS

Mailing Address 1111 W BONANZA RD.

City
LAS VEGASState
NVZip Code
89106

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2447 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 1901 FISH HATCHERY RD.

City
MADISONState
WIZip Code
53713

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

243.80

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MISSOULIAN RAV REPUBLIC

Mailing Address 2291 W BROADWAY

City
MISSOULAState
MTZip Code
59808

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

30.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MISSOULIAN RAV REPUBLIC

Mailing Address 2291 W BROADWAY

City
MISSOULAState
MTZip Code
59808

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2448 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MLIVE.COM

Mailing Address 40 S SAGINAW ST., STE. 101

City
FLINTState
MIZip Code
48502

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

100.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MONTROSE DAILY PRESS

Mailing Address 3684 N TOWNSEND AVE.

City
MONTROSEState
COZip Code
81401

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. N AND O CIRCULATION

Mailing Address 421 FAYETTEVILLE ST.

City
RALEIGHState
NCZip Code
27601

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

46.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2449 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NEWSDAY SUBSCRIPTION

Mailing Address 6 CORPORATE CENTER DR.

City
MELVILLEState
NYZip Code
11747

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

74.76

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NEWSP PD-SJ

Mailing Address 901 N 10TH ST.

City
ST. LOUISState
MOZip Code
63101

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

33.98

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. NORTHEAST PA CIRCULATION

Mailing Address 305 LINDEN ST.

City
SCRANTONState
PAZip Code
18503

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2450 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NY DAILY NEWS

Mailing Address P.O. BOX 7180

City
NEW YORKState
NYZip Code
10008

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

34.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NY TIMES

Mailing Address 620 EIGHTH AVE.

City
NEW YORKState
NYZip Code
10006

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.38

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. NY TIMES

Mailing Address 620 EIGHTH AVE.

City
NEW YORKState
NYZip Code
10006

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.38

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2451 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. OC REGISTER

Mailing Address 1920 MAIN ST.

City
IRVINEState
CAZip Code
92614

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

34.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. OREGONLIVE.COM

Mailing Address 1500 SW FIRST AVE, STE. 500

City
PORTLANDState
ORZip Code
97201

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. PITTSBURGH POST-GAZETTE

Mailing Address 358 N SHORE DRIVE

City
PITTSBURGHState
PAZip Code
15212

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

129.48

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. SHUTTERSTOCK

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

C

30.74

MEMO ENTRY

B. SIOUX CITY JOURNAL

Category/
Type

☐ Primary ☐ General
☐ Other (specify) _____

C

24.99

MEMO ENTRY

C. ST SUBSCRIPTIONS

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

C

15.96

MEMO ENTRY

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2453 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SUN SENTINEL

Mailing Address 64 LISBON ST.

City
LEWISTONState
MEZip Code
04240

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

40.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SUN SENTINEL

Mailing Address 64 LISBON ST.

City
LEWISTONState
MEZip Code
04240

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

40.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. SYRACUSE.COM

Mailing Address 220 S WARREN ST.

City
SYRACUSEState
NYZip Code
13202

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.99

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2454 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THE CHARLOTTE OBSERVER

Mailing Address 555 S CALDWELL ST.

City
CHARLOTTEState
NCZip Code
97035

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

55.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. THE KANSAS CITY STAR

Mailing Address 1601 MCGEE ST.

City
KANSAS CITYState
MOZip Code
64108

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

39.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. THE MODESTO BEE KIOSK

Mailing Address 948 11TH ST.

City
MODESTOState
CAZip Code
95354

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

32.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2455 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THE MORNING CALL

Mailing Address P.O. BOX 1260

City
ALLENTOWNState
PAZip Code
18105

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. TOLEDO BLADE CIRCULATION

Mailing Address 541 N SUPERIOR ST.

City
TOLEDOState
OHZip Code
43660

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UNION LEADER CIRCULATION

Mailing Address P.O. BOX 9555

City
MANCHESTERState
NHZip Code
03108

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2456 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VIRGINIAN PILOT CIRCULATION

Mailing Address 151 W BRAMBLETON AVE.

City
NORFOLKState
VAZip Code
23510

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

40.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

30.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BUDGET RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City
PARSIPPANYState
NJZip Code
07054

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

30.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

30.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

74.19

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 S SHADY GROVE RD.

City
MEMPHISState
TNZip Code
38120Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

74.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

12.99

☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

87.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2458 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CANVA

Mailing Address 110 KIPPAX ST.

City
SURREY HILLSState
AUZip Code
NSW 2010

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

225.63

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

225.63

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2	2	5	.	6	3
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2459 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2169.70

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ST. REGIS HOTEL

Mailing Address 125 THIRD ST.

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2169.70

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1353.27

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

3522.97

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2460 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THE RITZ-CARLTON

Mailing Address 600 STOCKTON ST.

City
SAN FRANCISCOState
CAZip Code
94108

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1353.27

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2096.97

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DELTA

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30320

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1548.49

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2096.97

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2461 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30320

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

548.48

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

LOCAL TRAVEL/ MEETINGS

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

23.95

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 THIRD ST.

City
SAN FRANCISCOState
CAZip Code
94158

Purpose of Disbursement

LOCAL TRAVEL/ MEETINGS

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

23.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

23.95

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2462 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1268.06

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 70219

City
PHILADELPHIAState
PAZip Code
19176Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

347.66

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address P.O. BOX 70219

City
PHILADELPHIAState
PAZip Code
19176Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

385.05

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1268.06

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2463 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address P.O. BOX 70219

City
PHILADELPHIAState
PAZip Code
19176

Purpose of Disbursement

COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

335.03

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address P.O. BOX 70219

City
PHILADELPHIAState
PAZip Code
19176

Purpose of Disbursement

COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

200.32

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

EQUIPMENT RENTAL/ SOFTWARE MAINTENANCE

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

3139.65

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3139.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2464 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City
REDMONDState
WAZip Code
98052

Purpose of Disbursement

EQUIPMENT RENTAL/ SOFTWARE MAINTENANCE

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2906.40

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MICROSOFT 365

Mailing Address ONE MICROSOFT WAY

City
REDMONDState
WAZip Code
98052

Purpose of Disbursement

EQUIPMENT RENTAL/ SOFTWARE MAINTENANCE

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

15.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. DRIVESTRIKE

Mailing Address 2255 E SUNNYSIDE AVE., STE. 58

City
SALT LAKE CITYState
UTZip Code
84158

Purpose of Disbursement

EQUIPMENT RENTAL/ SOFTWARE MAINTENANCE

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

217.35

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2465 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

6.36

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. APPLE

Mailing Address 1100 S HAYES ST.

City
ARLINGTONState
VAZip Code
22202

Purpose of Disbursement

GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

6.36

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

474.00

☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

480.36

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2466 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAPPYFOX

Mailing Address 47 DISCOVERY, STE. 170

City
IRVINEState
CAZip Code
92618

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

474.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

645.53

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

10.59

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6	4	5	.	5	3								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

FEC Schedule B (Form 3X) Rev. 05/2016

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2468 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City
REDMONDState
WAZip Code
98052Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2247.57

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City
REDMONDState
WAZip Code
98052Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

106.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOOGLE CLOUD

Mailing Address 1600 AMPHITHEATRE PKWY.

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

112.58

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2469 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NETWORK SOLUTIONS

Mailing Address 5335 GATE PKWY.

City
JACKSONVILLEState
FLZip Code
32256Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

85.98

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 489

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

474.22

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. VERIZON

Mailing Address P.O. BOX 489

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

476.94

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2470 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address P.O. BOX 489

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

882.66

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. VERIZON

Mailing Address P.O. BOX 489

City
NEWARKState
NJZip Code
07101Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

300.45

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MICROSOFT

Mailing Address ONE MICROSOFT WAY

City
REDMONDState
WAZip Code
98052Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

111.06

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2471 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. APPLE

Mailing Address 1100 S HAYES ST.

City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

65.72

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

549.17

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. EGENCIA

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005Purpose of Disbursement
TRAVEL

002

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

549.17

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	4	9	.	1	7						
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2472 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

835.59

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. EGENCIA

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

430.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. EGENCIA

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

400.64

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

835.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2473 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2474 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

250.40

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. EGENCIA

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

248.40

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

250.40

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2475 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				1	0		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

2.00

☒ Memo Item **MEMO ENTRY**

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2				1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

221.01

☐ Memo Item **SEE ATTACHED MEMO ENTRY**

Full Name (Last, First, Middle Initial)

C. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1				0	6		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

11.00

☒ Memo Item **MEMO ENTRY**
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

221.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2476 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address P.O. BOX 66100

City
CHICAGOState
ILZip Code
60666

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

127.10

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address P.O. BOX 66100

City
CHICAGOState
ILZip Code
60666

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

82.91

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

585.32

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5	8	5	.	3	2
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2477 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address 1030 DELTA BLVD.

City
ATLANTAState
GAZip Code
30320

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

574.32

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. EGENCIA FEE

Mailing Address 3150 139TH AVE. SE

City
BELLEVUEState
WAZip Code
98005

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

11.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1809.12

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

1809.12

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2478 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EXACTHOSTI

Mailing Address 96 MOWAT AVE.

City
TORONTOState
ONZip Code
M6K 3M1

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

13.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GITHUB, INC.

Mailing Address 88 COLIN P KELLY JUNIOR ST.

City
SAN FRANCISCOState
CAZip Code
94017

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

173.84

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. LITMUS EMAIL PLATFORM

Mailing Address 675 MASSACHUSETTS AVE., FL. 10

City
CAMBRIDGEState
MAZip Code
02139

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

210.94

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2479 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MOTIONMAILAPP.COM

Mailing Address 49 DISCOVERY, STE. 100

City
IRVINEState
CAZip Code
92618

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

60.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. WP ENGINE

Mailing Address 504 LAVACE ST., STE. 1000

City
AUSTINState
TXZip Code
78701

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1272.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. FRAME.IO

Mailing Address 22 CORTLANDT ST., FL. 31

City
NEW YORKState
NYZip Code
10007

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

78.44

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2480 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

275.85

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.17

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.34

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

275.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2481 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 13 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.32

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.17

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 20 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

62.32

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2482 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

82.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.17

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GODADDY

Mailing Address 14455 N HAYDEN RD., STE. 219

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.17

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2483 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

356.16

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ATLASSIAN

Mailing Address 350 BUSH ST., FL. 13

City
SAN FRANCISCOState
CAZip Code
94104

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

126.14

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 405 N ANGLIER AVE. NE

City
ATLANTAState
GAZip Code
30312

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

83.74

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

356.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2484 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 405 N ANGIER AVE. NE

City
ATLANTAState
GAZip Code
30312

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

21.20

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 405 N ANGIER AVE. NE

City
ATLANTAState
GAZip Code
30312

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

41.34

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 405 N ANGIER AVE. NE

City
ATLANTAState
GAZip Code
30312

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

83.74

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2485 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 19 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

238.63

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 16 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

59.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 15 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

151.92

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

238.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2486 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 26.74

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 4525.39

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ATLASSIAN

Mailing Address 350 BUSH ST., FL. 13

City
SAN FRANCISCOState
CAZip Code
94104Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 31.80

☒ Memo Item MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶
 4525.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2487 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ATLISSIAN

Mailing Address 350 BUSH ST., FL. 13

City
SAN FRANCISCOState
CAZip Code
94104Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

20.35

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOOGLE CLOUD

Mailing Address 1600 AMPHITHEATRE PKWY.

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

3073.69

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. AMAZON WEB SERVICES

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1342.83

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2488 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON WEB SERVICES

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

28.36

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON WEB SERVICES

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144

Purpose of Disbursement

WIRE SERVICES/ ON LINE SVCS.

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

28.36

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

125.19

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1	2	5	.	1	9								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2489 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

65.87

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

9.88

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

49.44

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2490 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

138.38

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.91

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

7.00

☒ Memo Item

MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

138.38

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2491 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

31.39

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

60.08

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

7.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2492 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

6.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

203.14

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.25

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

203.14

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2493 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.19

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

81.32

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

95.38

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2494 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 19 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1307.13

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 31 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.51

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 15 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

1307.13

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2495 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 15 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.80

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2496 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.80

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2497 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 17 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.92

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.96

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2498 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.98

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.98

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.82

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2499 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.73

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

9.36

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.43

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2500 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

9.52

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.92

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2501 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.83

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

23.03

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

18.62

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2502 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.02

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2503 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

19.67

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

45.61

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2504 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

6.84

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

43.29

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2505 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

6.51

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

9.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2506 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

18.04

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.02

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2507 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

9.94

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.96

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2508 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16.64

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

25.60

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2509 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

36.71

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.92

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2510 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

- 2.89

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.50

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2512 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.10

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.43

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2513 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 22 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

33.71

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.11

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.76

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2514 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.94

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

19.04

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.72

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2515 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.05

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.80

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2516 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

28.35

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

13.99

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.82

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2517 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

29.78

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.91

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 03 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.10

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2518 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

41.98

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

6.30

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2519 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.83

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.75

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2520 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.39

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2521 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.14

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2522 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.28

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

19.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2523 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 19 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

42.83

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 15 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 15 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

42.83

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2524 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

11.92

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	5			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.96

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2525 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

116.78

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.10

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

116.78

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2526 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.94

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

31.39

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2527 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

49.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

7.35

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2528 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

54.75

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16.06

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5	4	7	5
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2529 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.70

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2530 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

207.20

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

9.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8.13

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2	0	7	.	2	0
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2531 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.21

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

15.60

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

13.80

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0	0	0											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2532 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

27.94

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2533 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.33

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

42.13

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2534 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

19.09

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2535 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5	

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

3.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5	

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

2.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5	

FEC Identification Number

C
Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

61.18

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2536 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.72

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

7.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

7.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2537 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.46

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

286.90

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

37.81

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

286.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2538 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

42.05

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2539 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

37.35

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 16 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

17.07

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2540 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 22 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

19.87

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 22 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

5.62

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

27.86

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2541 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 24 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.07

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 27 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

22.92

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 28 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

13.56

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2542 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

20.72

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

80.27

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

23.30

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

80.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2543 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1455 MARKET ST., STE. 400

City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

 56.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

 720.89

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. EFILEMYFORMS.COM

Mailing Address 23901 CALABASAS RD., STE. 2080

City
CALABASASState
CAZip Code
91302Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

 557.55

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

 720.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2544 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EFILEMYFORMS.COM

Mailing Address 23901 CALABASAS RD., STE. 2080

City
CALABASASState
CAZip Code
91302Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.97

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. EFILEMYFORMS.COM

Mailing Address 23901 CALABASAS RD., STE. 2080

City
CALABASASState
CAZip Code
91302Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

14.91

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. EFILEMYFORMS.COM

Mailing Address 23901 CALABASAS RD., STE. 2080

City
CALABASASState
CAZip Code
91302Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.97

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2545 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EFILEMYFORMS.COM

Mailing Address 23901 CALABASAS RD., STE. 2080

City
CALABASASState
CAZip Code
91302Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 31 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

111.84

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ACCESSLINE COMMUNICATION

Mailing Address 11201 SE 8TH ST.

City
BELLEVUEState
WAZip Code
98004Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 06 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

26.65

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIESCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

616.69

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2546 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2547 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2548 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

97.09

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2549 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

185.56

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. DIALPAD INC

Mailing Address 2700 CAMINO RAMON, STE. 490

City
SAN RAMONState
CAZip Code
94583Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 13 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

185.56

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

152.77

☐ Memo Item SEE ATTACHED MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

338.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2550 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

87.82

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

64.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2552 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

86.95

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

86.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

86.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2553 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

82.95

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

82.95

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

86.95

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

169.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2554 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

86.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

131.03

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4			2	0	5			

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

131.03

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2555 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

66.08

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

64.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2556 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

14.84

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address 55 GLENLAKE PKWY. NE

City
ATLANTAState
GAZip Code
30328

Purpose of Disbursement

GENERIC CMTE. POSTAGE/DELIVERY

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

14.84

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

286.20

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

301.04

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2557 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 405 N ANGIER AVE. NE

City
ATLANTAState
GAZip Code
30312

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

286.20

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

95.60

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

95.60

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

95.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2558 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

10.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. WIFIONBOARD

Mailing Address 233 S WACKER DR.

City
CHICAGOState
ILZip Code
60606

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

10.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

LOCAL TRAVEL/ MEETINGS

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

61.02

☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

71.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2559 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANY DAY NOW

Mailing Address 2 I ST. SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 06 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

61.02

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

50.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. CVENT

Mailing Address 1765 GREENSBORO STATION PL.

City
MCLEANState
VAZip Code
22102Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

50.00

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2560 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

4807.44

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. CONRAD WASHINGTON D.C.

Mailing Address 950 NEW YORK AVE. NW

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

4807.44

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

5707.26

☐ Memo Item

SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

10514.70

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2561 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DEL MAR RESTAURANT

Mailing Address 791 WHARF ST. SW

City
WASHINGTONState
DCZip Code
20024

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

5707.26

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2111.80

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. ALEXIS GRILL

Mailing Address 3550 N CENTRAL AVE., STE. 120

City
PHOENIXState
AZZip Code
85012

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2111.80

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

2111.80

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2562 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

2100.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. DELFRISCO WASHINGTON

Mailing Address 950 I ST. NW, STE. 501

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

2100.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

TRAVEL

Candidate Name

002
Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

213.30

☐ Memo Item SEE ATTACHED MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	3	1	3	.	3	0
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2563 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALASKA AIRLINES

Mailing Address 19300 INTERNATIONAL BLVD.

City
SEATTLEState
WAZip Code
98188

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

213.30

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

LOCAL TRAVEL/ MEETINGS

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

77.46

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST.

City
SAN FRANCISCOState
CAZip Code
94107

Purpose of Disbursement

LOCAL TRAVEL/ MEETINGS

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

16.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

77.46

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2564 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST.

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 10 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

12.08

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. THE COUPE

Mailing Address 3415 11TH ST. NW

City
WASHINGTONState
DCZip Code
20010Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 15 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

48.43

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. PROCESSING FEESCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2565 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. INTERNATIONAL TRANSACTION FEE

Mailing Address P.O. BOX 982238

City
EL PASOState
TXZip Code
79998

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

0.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. INTERNATIONAL TRANSACTION FEE

Mailing Address P.O. BOX 982238

City
EL PASOState
TXZip Code
79998

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

0.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

245.15

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

245.15

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2566 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FOX NATION MONTHLY

Mailing Address 1211 AVENUE OF THE AMERICAS

City
NEW YORKState
NYZip Code
10036

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8.47

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. OTTER.AI

Mailing Address 800 W EL CAMINO REAL, STE. 170

City
MOUNTAIN VIEWState
CAZip Code
94040

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

63.60

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. SIRIUSXM.COM

Mailing Address P.O. BOX 71170

City
PHILADELPHIAState
PAZip Code
19176

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

10.59

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0											
---	---	---	--	--	--	--	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2567 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SLING.COM

Mailing Address 9601 S MERIDIAN BLVD.

City
ENGLEWOODState
COZip Code
80112

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

62.69

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. WACHETE

Mailing Address BENISKOVE, 150 000

City
PRAHAState
CR

Zip Code

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

49.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. WACHETE

Mailing Address BENISKOVE, 150 000

City
PRAHAState
CR

Zip Code

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

49.90

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2568 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

120.84

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 1512 14TH ST. NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

24.17

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 1512 14TH ST. NW

City
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
GENERIC CMTE. PRINTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

96.67

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

120.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2569 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C
Transaction ID : SB21B-10941
Amount of Each Disbursement this Period
352.05☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BEAU FLEURS

Mailing Address 1508 SILVERADO TRAIL

City
NAPAState
CAZip Code
94559Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 14 / 2025

FEC Identification Number

C
Transaction ID : SB21B-10941
Amount of Each Disbursement this Period
156.55☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 14 / 2025

FEC Identification Number

C
Transaction ID : SB21B-10941
Amount of Each Disbursement this Period
64.95☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

352.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2570 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

65.60

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
TRAVEL

Candidate Name

002
Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

45.90

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2571 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HYATT HOTELS

Mailing Address 50 THIRD ST.

City
SAN FRANCISCOState
CAZip Code
94103

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

39.90

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. THE BARNES

Mailing Address 225 POWELL ST.

City
SAN FRANCISCOState
CAZip Code
94102

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

6.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

HEADQUARTERS UTILITIES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

485.35

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

485.35

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2572 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		1	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

226.45

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

256.60

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. PAYMENTUS CORPORATIONMailing Address 11605 N COMMUNITY HOUSE RD.
STE. 300City
CHARLOTTEState
NCZip Code
28277Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

2.30

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2573 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

90.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ALASKA COMMUNICATIONS

Mailing Address 600 TELEPHONE AVE.

City
ANCHORAGEState
AKZip Code
99503Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	1			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

90.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

233.19

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

323.19

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2574 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PG AND E

Mailing Address 300 LAKESIDE DR.

City
OAKLANDState
CAZip Code
94612Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

46.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. SPECTRUM

Mailing Address 400 WASHINGTON BLVD.

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

186.23

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

106.79

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1	0	6	.	7	9
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2575 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SO CALIFORNIA EDISON

Mailing Address 2244 WALNUT GROVE AVE.

City
ROSEMEADState
CAZip Code
91770Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

106.79

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

574.91

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MIDAMERICAN ENERGY

Mailing Address P.O. BOX 8020

City
DAVENPORTState
IAZip Code
52808Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

56.89

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

574.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2576 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MIDAMERICAN ENERGY

Mailing Address P.O. BOX 8020

City
DAVENPORTState
IAZip Code
52808Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

213.28

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. MIDAMERICAN ENERGY

Mailing Address P.O. BOX 8020

City
DAVENPORTState
IAZip Code
52808Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

56.03

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. MIDAMERICAN ENERGY

Mailing Address P.O. BOX 8020

City
DAVENPORTState
IAZip Code
52808Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

248.71

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2577 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

104.70

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AT AND T

Mailing Address 208 S ACKARD ST.

City
DALLASState
TXZip Code
75201Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		1	3		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

104.70

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

- 206.02

☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

- 101.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2578 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

- 206.02

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

315.47

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

315.47

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

315.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2579 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

229.50

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. ALBEMARLE ELECTRIC

Mailing Address P.O. BOX 69

City
HERTFORDState
NCZip Code
27944Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2025

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

229.50

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1042.54

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1272.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2580 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COX

Mailing Address 6205 PEACHTREE DUNWOODY RD.

City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C Transaction ID : **SB21B-10942**

Amount of Each Disbursement this Period

220.35

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. COX

Mailing Address 6205 PEACHTREE DUNWOODY RD.

City
ATLANTAState
GAZip Code
30328Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C Transaction ID : **SB21B-10942**

Amount of Each Disbursement this Period

317.60

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. METROPOLITAN UTILITIES

Mailing Address 7350 WORLD COMMUNICATIONS DR.

City
OMAHAState
NEZip Code
68122Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C Transaction ID : **SB21B-10942**

Amount of Each Disbursement this Period

54.32

☒ Memo Item MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2582 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1894.19

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GRAND SANITATION

Mailing Address 1630 S 2ND ST.

City
PLAINFIELDState
NJZip Code
07063Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

130.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. PSEG UTILITY

Mailing Address P.O. BOX 14444

City
NEW BRUNSWICKState
NJZip Code
08906Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

335.46

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1894.19

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2584 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NM GAS CO PAYMENT

Mailing Address 1625 RIO BRAVO SW

City
ALBUQUERQUEState
NMZip Code
87105Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

92.54

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. WM.COM

Mailing Address 800 CAPITOL ST., STE. 300

City
HOUSTONState
TXZip Code
77002Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

10.66

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

578.16

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

578.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2585 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AT AND T

Mailing Address 208 S ACKARD ST.

City
DALLASState
TXZip Code
75201Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	8		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 171.20

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NV ENERGY

Mailing Address P.O. BOX 30150

City
RENOState
NVZip Code
89520Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		0	3		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 406.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 1036.37

☐ Memo Item SEE ATTACHED MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶
 1036.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2586 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AT AND T

Mailing Address 208 S ACKARD ST.

City
DALLASState
TXZip Code
75201Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1036.37

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

84.99

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. SPECTRUM

Mailing Address 400 WASHINGTON BLVD.

City
STAMFORDState
CTZip Code
06902Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

84.99

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

84.99

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2587 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

461.47

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NATIONAL GRID

Mailing Address 40 SYLVAN RD.

City
NORTH WALTHAMState
MAZip Code
02451Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		30		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

246.33

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. NATIONAL GRID

Mailing Address 40 SYLVAN RD.

City
NORTH WALTHAMState
MAZip Code
02451Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

215.14

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

461.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2588 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

185.46

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AT AND T

Mailing Address 208 S ACKARD ST.

City
DALLASState
TXZip Code
75201Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

185.46

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES
Candidate NameCategory/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		1	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

723.21

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

908.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2589 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 278.85

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NW NATURAL

Mailing Address P.O. BOX 6017

City
PORTLANDState
ORZip Code
97228Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 444.36

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C
Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

 236.70

☐ Memo Item SEE ATTACHED MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

													236.70
<input type="text"/>													

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2590 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UGI UTILITIES

Mailing Address 500 N GULPH RD.

City
KING OF PRUSSIAState
PAZip Code
19406Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

236.70

☒ Memo Item MEMO ENTRY**B. BANK OF AMERICA**

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

220.39

☐ Memo Item SEE ATTACHED MEMO ENTRY**C. DOMINION ENERGY**

Mailing Address P.O. BOX 26543

City
RICHMONDState
VAZip Code
23290Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

220.39

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

220.39

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2591 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

1269.08

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. CLARK PUBLIC UTILITIES

Mailing Address 8600 NE 117TH AVE.

City
VANCOUVERState
WAZip Code
98662Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

92.46

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. CLARK PUBLIC UTILITIES

Mailing Address 8600 NE 117TH AVE.

City
VANCOUVERState
WAZip Code
98662Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2025

FEC Identification Number

C

Transaction ID : SB21B-10942

Amount of Each Disbursement this Period

60.59

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1269.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2592 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COMCAST

Mailing Address 1701 JFK BLVD.

City
PHILADELPHIAState
PAZip Code
19103Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

 431.02☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NW NATURAL

Mailing Address P.O. BOX 6017

City
PORTLANDState
ORZip Code
97228Purpose of Disbursement
HEADQUARTERS UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB21B-10942**

Amount of Each Disbursement this Period

 685.01☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

 174.95☐ Memo Item SEE ATTACHED MEMO ENTRY**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 174.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2593 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. URBANSTEMS

Mailing Address 1615 L ST. NW

City
WASHINGTONState
DCZip Code
20036

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

110.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

844.45

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

844.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2594 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

101.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

97.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2595 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2596 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2597 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10941**

Amount of Each Disbursement this Period

9.24

☐ Memo Item SEE ATTACHED MEMO ENTRY
SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2598 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

- 16.96

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 1200 12TH AVE., STE. 1200

City
SEATTLEState
WAZip Code
98144Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

21.20

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 187 DARTMOUTH ST.

City
BOSTONState
MAZip Code
02116Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

4.54

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2599 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 187 DARTHMOUTH ST.

City
BOSTONState
MAZip Code
02116Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

0.23

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 187 DARTHMOUTH ST.

City
BOSTONState
MAZip Code
02116Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

0.23

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

168.64

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

168.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2600 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 5003 JERICHO TURNPIKE

City
COMMACKState
NYZip Code
11725Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	0			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

135.53

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address 7211 AUSTIN ST.

City
FOREST HILLSState
NYZip Code
11375Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

33.11

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1290.01

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1290.01

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2601 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2602 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2603 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	4		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	3		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	3		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2604 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 23 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 08 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2605 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

64.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

69.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2606 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDBELLY

Mailing Address 27 UNION SQ. W, UNIT 500

City
NEW YORKState
NYZip Code
10003Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

94.95

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. PLANT SHED

Mailing Address 723 AMSTERDAM AVE.

City
NEW YORKState
NYZip Code
10025Purpose of Disbursement
GENERIC CMTE. SUPPLIES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

95.81

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

37.00

☐ Memo Item SEE ATTACHED MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

37.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2607 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SEA AIRPORT PARKING

Mailing Address 17801 INTERNATIONAL BLVD.

City
SEATTLEState
WAZip Code
98158

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

37.00

☒ Memo Item MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8059.22

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. NATIONAL DEMOCRATIC CLUB

Mailing Address 30 IVY ST.

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	7			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

8059.22

☒ Memo Item MEMO ENTRY

SUBTOTAL of Disbursements This Page (optional).....▶

8059.22

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2608 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address PO BOX 53155

City
PHOENIXState
AZZip Code
85072-3155

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.38

☐ Memo Item

SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. NY TIMES

Mailing Address 620 EIGHTH AVE.

City
NEW YORKState
NYZip Code
10018

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	0			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

24.38

☒ Memo Item

MEMO ENTRY

Full Name (Last, First, Middle Initial)

C. THE HARTFORD

Mailing Address PO BOX 660916

City
DALLASState
TXZip Code
75266

Purpose of Disbursement

INSURANCE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10931

Amount of Each Disbursement this Period

151353.07

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

151377.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

1.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4581.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

74.53

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4657.42

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2610 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DEMOCRACY ENGINE LLC

Mailing Address 416 FLORIDA AVE NW #26418

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

515.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUEST SOFTWARE, INC.Mailing Address 20 ENTERPRISE
STE 100City
ALISO VIEJOState
CAZip Code
92656

Purpose of Disbursement

HEADQUARTERS SOFTWARE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

27222.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POLIOPS, LLC

Mailing Address 5 BANKSIDE NEWS

City
HENRICOState
VAZip Code
23231

Purpose of Disbursement

HEADQUARTERS COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4893.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32630.70

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2611 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DAIHOS USA, INC. DBA FIRST CHOICE COFFEE SERVICESMailing Address 514 PROGRESS DR.
STE. OCity
LINTHICUMState
MDZip Code
21090Purpose of Disbursement
HEADQUARTERS SUPPLIES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 21 2025

FEC Identification Number

C Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

911.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VANTAGE LEGAL PLLCMailing Address 1300 EYE ST NW
STE 400-ECity
WASHINGTONState
DCZip Code
20005Purpose of Disbursement
HEADQUARTERS LEGAL SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 21 2025

FEC Identification Number

C Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

775.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ENGAGE LLCMailing Address 880 N EAST STREET
SUITE 205City
FREDERICKState
MDZip Code
21701Purpose of Disbursement
HEADQUARTERS COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 21 2025

FEC Identification Number

C Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

2675.59

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4362.20

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2612 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. RWT PRODUCTION, LLCMailing Address **ATTN: PETE TAYLOR**
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY**001**Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C **Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

173813.53☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RWT PRODUCTION, LLCMailing Address **ATTN: PETE TAYLOR**
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY**001**Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C **Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

53326.61☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE DATA CENTER, INC.Mailing Address **9720 CAPITAL COURT**
SUITE 101City
MANASSASState
VAZip Code
20110Purpose of Disbursement
COMPUTER SERVICESCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C **Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

420.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►**227560.14**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2613 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. INTEGRAL RESOURCES, LLC

Mailing Address 501 SILVERSIDE RD., #308

City
WILMINGTONState
DEZip Code
19809

Purpose of Disbursement

GENERIC CMTE. TELEMARKETING

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

4175.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPASS GROUP USA, INC OCCASIONS CATERERS

Mailing Address 655 TAYLOR ST. NE

City
WASHINGTONState
DCZip Code
20017

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

41595.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN SWANSON & CLEVELAND PLLCMailing Address 1201 3RD AVE
#3400City
SEATTLEState
WAZip Code
98101

Purpose of Disbursement

LEGAL SERVICES RENDERED

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

148.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

45919.50

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2614 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LYFT, INC. LYFT BIKES & SCOOTERS, LLCMailing Address 185 BERRY ST
STE 400City
SAN FRANCISCOState
CAZip Code
94107

Purpose of Disbursement

TRAVEL

Candidate Name

002

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. DELIVERY EXPENSE

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

293.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

382.41

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2615 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EMPLOYEE RESOURCE SYSTEM, INC.Mailing Address 29 EAST MADISON
SUITE 1600City
CHICAGOState
ILZip Code
60602

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

156.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CORNERSTONE STRATEGIC SERVICES, INC.

Mailing Address 57 NE 93 STREET

City
MIAMI SHORESState
FLZip Code
33138

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BOYSENBERRY STRATEGIES LLC DANIEL BOYSEN

Mailing Address 1804 BAY ST SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

23156.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2616 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THE ST. REGIS WASHINGTON, DC SELDAR DC HOLDING LLC

Mailing Address 923 BLACK LIVES MATTER PLAZA NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

15577.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DC WINERY LLC DISTRICT WINERY

Mailing Address 385 WATER STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

9300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLOUDFLARE, INC.

Mailing Address 101 TOWNSEND ST

City
SAN FRANCISCOState
CAZip Code
94107

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

161649.96

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

186527.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2617 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MERREN TECHNOLOGY LLC YALLA COLLABORATIVE

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

Mailing Address 3005 S LAMAR BLVD
#D109-347City
AUSTINState
TXZip Code
78704

Purpose of Disbursement

CMTE. FUNDRAISING CONSULTANT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CGI 1100 OPO MANAGEMENT, LP WALDORF ASTORIA WASHINGTON DC

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

Mailing Address 1100 PENNSYLVANIA AVE NW

City
WASHINGTONState
DCZip Code
20004

Purpose of Disbursement

GENERIC CMTE. EVENTS/MEETINGS

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

17961.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYLOCITY

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5	

Mailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

FEC Identification Number

C**Transaction ID : SB21B-10938**

Amount of Each Disbursement this Period

5818.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

33780.67

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2618 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

8.33

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

20.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

10243.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10271.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2619 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

367.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

11.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3854.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4233.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2620 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

120.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DC TREASURERMailing Address PO BOX 679
BEN FRANKLIN STATIONCity
WASHINGTONState
DCZip Code
20044

Purpose of Disbursement

USE TAX

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	4		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

545.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

111.15

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

776.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2621 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3570.27

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

251.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

27.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3849.04

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2622 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

3756.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

109.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

17.86

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3884.11

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2623 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

4749.28

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

81.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

1.37

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4831.81

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

GENERIC CMTE. BANK FEES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10943

Amount of Each Disbursement this Period

6.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DEMOCRACY ENGINE LLC

Mailing Address 416 FLORIDA AVE NW #26418

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DEMOCRACY ENGINE LLC

Mailing Address 416 FLORIDA AVE NW #26418

City
WASHINGTONState
DCZip Code
20001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10938

Amount of Each Disbursement this Period

303.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

909.77

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2625 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PROPERTIES CORPORATIONMailing Address LEASEHOLD ACCOUNT
430 SOUTH CAPITOL STREET, SECity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
HEADQUARTERS LEASEHOLD IMPROVEMEN

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C												
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Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3949.60☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEVEL 3 COMMUNICATIONS LLC

Mailing Address PO BOX 910182

City
DENVERState
COZip Code
80291-0182Purpose of Disbursement
HEADQUARTERS INTERNET/PHONE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C												
---	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

972.84☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSORTIUM NETWORKS LLC

Mailing Address 1 ST. JAMES GATE

City
MEDFORDState
NJZip Code
08055Purpose of Disbursement
HEADQUARTERS SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C												
---	--	--	--	--	--	--	--	--	--	--	--	--

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

59639.56☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

64562.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC PROPERTIES CORPORATIONMailing Address OPERATING ACCOUNT
430 SOUTH CAPITOL STREET, SECity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
HEADQUARTERS RENT/OCCUPANCY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

62128.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHRED ACE, INC.

Mailing Address PO BOX 15519

City
DURHAMState
NCZip Code
27704Purpose of Disbursement
HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

79.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHRED ACE, INC.

Mailing Address PO BOX 15519

City
DURHAMState
NCZip Code
27704Purpose of Disbursement
HEADQUARTERS EQUIP RENTAL/LEASE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

104.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62312.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SADA SYSTEMS, LLCMailing Address 5250 LANKERSHIM BLVD
#620City
NORTH HOLLYWOODState
CAZip Code
91601Purpose of Disbursement
HEADQUARTERS SOFTWARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

57240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SUNSET HILLS FOLIAGE, INC.

Mailing Address PO BOX 1239

City
LAURELState
MDZip Code
20725Purpose of Disbursement
HEADQUARTERS MAINTENANCE SERVICE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

894.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COGENT COMMUNICATIONS, INC.

Mailing Address PO BOX 791807

City
BALTIMOREState
MDZip Code
21279Purpose of Disbursement
HEADQUARTERS INTERNET/PHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

59634.18

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2628 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ASAVIE TECHNOLOGIES, INC. AKAMAI TECHNOLOGIES INC

Mailing Address 145 BROADWAY

City
CAMBRIDGEState
MAZip Code
02142

Purpose of Disbursement

HEADQUARTERS WIRE/ONLINE SERVICE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

330.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

24.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

HEADQUARTERS PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

75.35

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

430.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2629 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ENGAGE LLCMailing Address 880 N EAST STREET
SUITE 205City
FREDERICKState
MDZip Code
21701Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

10573.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SAPPHIRE STRATEGIES LLC

Mailing Address 3225 MCKINLEY ST NW

City
WASHINGTONState
DCZip Code
20015Purpose of Disbursement
STRATEGIC/POLITICAL CONSULTANT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

12500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANNE LEWIS STRATEGIES, LLC MISSIONWIREDMailing Address 650 MASSACHUSETTS AVENUE NW
SUITE 505City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GENERIC CMTE. DATA ANALYSIS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

123073.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2630 OF 2977

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANNE LEWIS STRATEGIES, LLC MISSIONWIREDMailing Address 650 MASSACHUSETTS AVENUE NW
SUITE 505City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GENERIC CMTE. LIST RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SWITCHBOARD PUBLIC BENEFIT CORP.

Mailing Address PO BOX 33485

City
WASHINGTONState
DCZip Code
20033Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

9312.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SWITCHBOARD PUBLIC BENEFIT CORP.

Mailing Address PO BOX 33485

City
WASHINGTONState
DCZip Code
20033Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

64743.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99056.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2631 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MIDDLE SEAT CONSULTING LLC

Mailing Address PO BOX 21600

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
WIRE SERVICES/ ON LINE SVCS.

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

1950.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KEY ACQUISITION PARTNERS, LLC

Mailing Address 199 E. MONTGOMERY AVE., SUITE 100

City
ROCKVILLEState
MDZip Code
20850Purpose of Disbursement
COMPUTER SERVICESCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3169.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KEY ACQUISITION PARTNERS, LLC

Mailing Address 199 E. MONTGOMERY AVE., SUITE 100

City
ROCKVILLEState
MDZip Code
20850Purpose of Disbursement
GENERIC CMTE. LIST EXCHANGECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

1883.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7002.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2632 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

3225.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6975.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2633 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

43000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

173.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DATA DIRECT, INC.Mailing Address 181 POTOMAC STREET
PO BOX 855City
HARPERSState
WVZip Code
25425Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

43673.63

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2634 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. TATANGO, INC.Mailing Address 2211 ELLIOTT AVE
SUITE 200City
SEATTLEState
WAZip Code
98121

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

53000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAL RESOURCES, LLC

Mailing Address 501 SILVERSIDE RD., #308

City
WILMINGTONState
DEZip Code
19809

Purpose of Disbursement

GENERIC CMTE. TELEMARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

11505.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEW PARTNERS TELESERVICES

Mailing Address PO BOX 5021

City
SAINT CLOUDState
MNZip Code
56302

Purpose of Disbursement

GENERIC CMTE. TELEMARKETING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

29169.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93674.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2635 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. A.B. DATA, LTD.

Mailing Address 600 AB DRIVE

City
MILWAUKEEState
WIZip Code
53217Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

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Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

4577.52☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132Purpose of Disbursement
GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

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Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

15584.82☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132Purpose of Disbursement
GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

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Transaction ID : SB21B-10941

Amount of Each Disbursement this Period

278.59☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20440.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2636 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. RWT PRODUCTION, LLCMailing Address ATTN: PETE TAYLOR
8932 ORANGE HUNT LANECity
ANNANDALEState
VAZip Code
22003Purpose of Disbursement
GENERIC CMTE. POSTAGE/DELIVERY

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

14.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPASS GROUP USA, INC OCCASIONS CATERERS

Mailing Address 655 TAYLOR ST. NE

City
WASHINGTONState
DCZip Code
20017Purpose of Disbursement
GENERIC CMTE. EVENTS/MEETINGSCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5713.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001Purpose of Disbursement
GENERIC CMTE. DELIVERY EXPENSECategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

97.29

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5824.79

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2637 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. UNITED PARCEL SERVICE

Mailing Address PO BOX 7247-0244

City
PHILADELPHIAState
PAZip Code
19170-0001

Purpose of Disbursement

GENERIC CMTE. PROCESSING FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NONPROFIT HR SOLUTIONS, LLCMailing Address 1441 L ST. NW
STE. 620City
WASHINGTONState
DCZip Code
20005

Purpose of Disbursement

HUMAN RESOURCES SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

6150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSORTIUM NETWORKS LLC

Mailing Address 1 ST. JAMES GATE

City
MEDFORDState
NJZip Code
08055

Purpose of Disbursement

GENERIC CMTE. SUBSCRIPTIONS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

27455.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33641.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2638 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GREEN, LIBERTIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

18.39

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCOState
CAZip Code
94102Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

18.39

MEMO ENTRY

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 238

Mailing Address 5000 J ST SW

City
CEDAR RAPIDSState
IAZip Code
52404Purpose of Disbursement
UNION DUESCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 28 / 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1518.39

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2639 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COWEN, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

13.82

☐ Memo Item SEE ATTACHED MEMO ENTRY

Full Name (Last, First, Middle Initial)

B. UBER TECHNOLOGIES, INC.

Mailing Address 182 HOWARD ST #8

City
SAN FRANCISCOState
CAZip Code
94102Purpose of Disbursement
LOCAL TRAVEL/ MEETINGS

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

13.82

MEMO ENTRY

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
INTERESTCategory/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C Transaction ID : SB21B-1094:

Amount of Each Disbursement this Period

107137.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107151.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2640 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

19954.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

RETIREMENT

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

17888.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREAT-WEST TRUST COMPANY, LLC

Mailing Address 8515 E. ORCHARD ROAD

City
GREENWOOD VILLAGEState
COZip Code
80111

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

6432.18

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

44274.99

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2641 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

101693.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

28650.84

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

49.62

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

130393.84

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2642 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

55.76

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

815.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAYLOCITYMailing Address DEPT #2007
PO BOX 87844City
CAROL STREAMState
ILZip Code
60188

Purpose of Disbursement

PAYROLL TAXES

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2702.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3573.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2643 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DIZON, SAMANTHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3297.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORTE-MACKAY, JACQUELINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5498.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FREIBERG, TERESA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

596.59

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9392.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2644 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GARCIA, MARGAUX, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2434.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JONES, CHRISTINA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3977.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KOBE, RYAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2520.47

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8932.39

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2645 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LAMBERT, EMILY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

2717.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MASSAROLI, MICHAEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

2485.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MELLOW, JOHN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10939**

Amount of Each Disbursement this Period

3005.46

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8207.85

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2646 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ONG, ZHAOKANG, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2454.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OSBORNE, HANNAH, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3983.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RUSELOWSKI, ERIK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5573.43

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

12010.59

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2647 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SALAZAR, DANIELA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3359.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SANCHEZ, IVAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3768.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POPE, KATHERINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2374.41

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

9501.69

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2648 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THOMAS, NICHOLAS, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2649.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VELEZ-COOPER, MILLY, C., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3924.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BROWN, TIMOTHY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2740.02

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9313.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2649 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VASA, SHEM, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2639.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINSTON, DAVID, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3936.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BILBAO, MARIA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

4302.03

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

10878.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2650 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CLARK, GEORGE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2228.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DESAI, NISHA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2946.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARRIS, OLIVIA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2137.58

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7312.83

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2651 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JOHNSON, ALEXIS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2328.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASEKOFF, DANIELLE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2015.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHAW, DANIEL, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2521.69

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6865.63

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2652 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DOUGHERTY, ROBERT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3601.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HART, SOPHIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2606.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LUCAS, HANNAH, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2138.74

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8346.95

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2653 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MERZ, JULIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5992.29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MULLER, MENACHEM, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

1968.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SCHMIDT, AARON, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

548.02

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

8508.66

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2654 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WALL, CATHERINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3957.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BENTON, CHARLES, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

4016.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COLE, TASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

6083.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14057.07

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2655 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PLASENCIA, MARY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2164.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STEWART, DANIELLE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

1768.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TATRO, DYJUAN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3188.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7121.82

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2656 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BUTLER, BROOKE, A., ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5108.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROY-CHAUDHURY, ADITYA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2699.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VAN NUYS, WILLIAM, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

5164.70

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

12972.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2657 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GOLDMAN, JULIA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3194.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIN, SARAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

2262.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARD, TIERRA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10939

Amount of Each Disbursement this Period

3125.93

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

8582.71

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2658 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SEUBERT, TRENTON, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3059.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REMMEL, CAITLIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

4408.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASSELBAYE, SASHA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2093.91

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9561.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2659 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BARR, KELLY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3175.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HSU, ZOE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2342.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MORAN, STEVEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3207.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8725.02

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2660 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NEGI, ASHIKA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10940**

Amount of Each Disbursement this Period

2592.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOICE, OWEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10940**

Amount of Each Disbursement this Period

1422.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DRISCOLL, CLARE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B-10940**

Amount of Each Disbursement this Period

1911.81

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

5926.80

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2661 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HASTINGS, CAROLINE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1945.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAINI, SAMIK, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2054.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCGOVERN, RACHEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3395.99

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7395.78

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2662 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PERROTTA, RACHEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3329.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETRE, NEBEYATT, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3521.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BOLEA, STEPHEN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3507.21

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10358.59

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2663 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CASTRO, IRIS, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1625.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHERMOL, JUSTIN, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1140.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CHING, EMMANUEL, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1317.79

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4083.32

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2664 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DOUGHERTY, ELIZABETH, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2734.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICE, COURTNEY, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

4373.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHELTON, VIET, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3771.29

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10879.52

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2665 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CLANCY, JACK, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2334.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COWEN, EMILY, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2362.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARCIA, CELESTINO, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
PAYROLL

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 28 2025

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3848.15

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

8544.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2666 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GARVEY, STEPHANIE, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2666.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MWESIGWA, JOANITA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3057.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHIFF, SOPHIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1842.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7566.87

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2667 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STENSTEDT, DARIUS, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2165.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALLING, JAMES, , , II

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2376.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOFSY, LAYLA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1710.58

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6252.61

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2668 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. YOUNG, IAN, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1637.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAVIS, NINA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1844.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREEN, LIBERTIE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

3072.28

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6555.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2669 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KUTNER, NOAH, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2749.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MOORE, MADELEINE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2396.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. POGACAR, ANTONIA, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5	

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

4971.34

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

10116.99

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2670 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CHRISTIDIS, ZOE, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1646.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DUARTE, MATTHEW, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2144.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GAMBLE, MARGARET, , ,

Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

2728.39

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

6518.71

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2671 OF 2977

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LARKIN, JULIA, , ,Mailing Address 430 SOUTH CAPITOL STREET SE
2ND FLOORCity
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

PAYROLL

Candidate Name

001

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B-10940

Amount of Each Disbursement this Period

1930.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

1930.58

TOTAL This Period (last page this line number only).....▶

4141270.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2672 OF 2977

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CALIFORNIA DEMOCRATIC PARTY

Mailing Address 1830 9TH STREET

City
SACRAMENTOState
CAZip Code
95811

Purpose of Disbursement

TRANSFER

Candidate Name

CALIFORNIA DEMOCRATIC PARTY

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		07		2025

FEC Identification Number

C C00105668

Transaction ID : SB22-109362

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20000.00

20000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2673 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA, N.A.

Mailing Address 1800 K STREET, NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LOAN REPAYMENT

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB26-109406

Amount of Each Disbursement this Period

4500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4500000.00

TOTAL This Period (last page this line number only).....▶

4500000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2674 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALEXANDER, ROGER, , ,

Mailing Address PO BOX 896

City
UNION CITYState
TNZip Code
38281-0896Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193496

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALEXANDER, ROGER, , ,

Mailing Address PO BOX 896

City
UNION CITYState
TNZip Code
38281-0896Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193497

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,

Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193329

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2675 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193330**

Amount of Each Disbursement this Period

23.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193331**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193332**

Amount of Each Disbursement this Period

18.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2676 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193333**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193334**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193335**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2677 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193336**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193337**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193338**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2678 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193339**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193340**

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193341**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2679 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

FEC Identification Number

C C00401224
Transaction ID : 500193342

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

FEC Identification Number

C C00401224
Transaction ID : 500193343

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2025

FEC Identification Number

C C00401224
Transaction ID : 500193344

Amount of Each Disbursement this Period

23.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2680 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193345**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193346**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193347**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2681 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193348

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193349

Amount of Each Disbursement this Period

23.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193350

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

33.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2682 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193351**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193352**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193353**

Amount of Each Disbursement this Period

23.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

43.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2683 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ALLENDER, SUZANNE, C, ,Mailing Address 5550 S SHORE DR
APT 710City
CHICAGOState
ILZip Code
60637-5054Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193354**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193355**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193356**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

34.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2684 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193357

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193358

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193359

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2685 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANDERSON, MARK, , ,

Mailing Address 827 S 2ND ST

City
ARLINGTONState
VAZip Code
22204Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193360**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANGEL, BARBARA, , ,

Mailing Address 449 S MAIN ST

City
KINGState
NCZip Code
27021-9003Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192734**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANGEL, BARBARA, , ,

Mailing Address 449 S MAIN ST

City
KINGState
NCZip Code
27021-9003Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192735**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

43.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ANGEL, BARBARA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192736

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

20.00

Memo Item

B. ANGEL, BARBARA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192737

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

20.00

Memo Item

C. ANGEL, BARBARA, , ,

Date of Disbursement

[illegible]

FEC Identification Number

C C00401224

Transaction ID : 500192738

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

20.00

Memo Item

A diagram of a rectangular room. The top horizontal boundary is labeled with the value 60.00. The room is divided into several sections by vertical lines, and there are small rectangular features along the bottom boundary.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2687 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANGEL, BARBARA, , ,

Mailing Address 449 S MAIN ST

City
KINGState
NCZip Code
27021-9003

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192739**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City

WASHINGTON CROSSING

State
PAZip Code
18977-1504

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192740**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City

WASHINGTON CROSSING

State
PAZip Code
18977-1504

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192741**

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

26.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2688 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192742**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192743**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192744**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2689 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192745**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192749**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192746**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192747**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANTOLINO, MICHAEL, , ,

Mailing Address 106 BEECHWOOD DR

City
WASHINGTON CROSSINGState
PAZip Code
18977-1504Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192748**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASCOLI, RICHARD, , ,Mailing Address 2386 BUSHNELL ST
ACity
SAN LUIS OBISPOState
CAZip Code
93401-5359Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C**Transaction ID : 500194742**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2691 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ATKIN, GRAHAM, , ,Mailing Address 144 LINCOLN RD
STE 203City
LINCOLNState
MAZip Code
01773-3832Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224
Transaction ID : 500193498

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BACA, NELLY, B., ,

Mailing Address 1240 S PRICEDALE AVE

City
WEST COVINAState
CAZip Code
91790-5152Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193361

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BACA, NELLY, B., ,

Mailing Address 1240 S PRICEDALE AVE

City
WEST COVINAState
CAZip Code
91790-5152Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193362

Amount of Each Disbursement this Period

4.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

29.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2692 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BACA, NELLY, B., ,

Mailing Address 1240 S PRICEDALE AVE

City
WEST COVINAState
CAZip Code
91790-5152Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193363**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192982**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192983**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2693 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192984**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192985**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192986**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2694 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192987**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192988**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192989**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2695 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192990**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192991**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500192992**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2698 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192999

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193000

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193001

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2699 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193002**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193003**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193004**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

C	C00401224
---	-----------

Category/
Type

15.00

Memo Item

B. BAILEY, RANDALL C., , ,

A diagram of a three-part barcode. The first part has the label 'M' above the number '02'. The second part has the label 'D' above the number '12'. The third part has the label 'Y' above the number '2025'. The parts are separated by slashes.

C	C00401224
---	-----------

Category/
Type

25.00

Memo Item

C. BAILEY, RANDALL C., , ,

C	C00401224
---	-----------

Category/
Type

15.00

Memo Item

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2701 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193008**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193009**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193106**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2702 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193107**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193108**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193109**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

Date of Disbursement



FEC Identification Number

C C00401224

Category/
Type

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

 Memo Item

B. BAILEY, RANDALL C., , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Category/
Type

Transaction ID : 500193111

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 25.00 is written above the 8th tick mark from the left.

State: District:

Memo Item

C. BAILEY, RANDALL C., . . .

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

25.00

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

Grade	Number of Students
1st	10
2nd	15
3rd	20
4th	25
5th	30
6th	35

TOTAL This Period (last page this line number only).....

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193113

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

B. BAILEY, RANDALL C., , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193114

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

15.00

Memo Item

C. BAILEY, RANDALL C., . . .

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193115

Amount of Each Disbursement this Period

Category/ Type	Count	Percentage
Category 1	10	10.0%
Category 2	20	20.0%
Category 3	30	30.0%
Category 4	40	40.0%
Category 5	50	50.0%
Category 6	60	60.0%
Category 7	70	70.0%
Category 8	80	80.0%
Category 9	90	90.0%
Category 10	100	100.0%

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

35.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

15.00

Memo Item

B. BAILEY, RANDALL C., , ,

C	C00401224
---	-----------

Category/
Type

5.00

Memo Item

C. BAILEY, RANDALL C., , ,



11/11

C	C00401224
---	-----------

Category/
Type

6.00

Memo Item

26.00

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2706 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193119**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193120**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193121**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193122

Amount of Each Disbursement this Period

15.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

 Memo Item

B. BAILEY, RANDALL C., , ,

Date of Disbursement

FEC Identification Number

114

C C00401224

Transaction ID : 500193123

Amount of Each Disbursement this Period

5.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Memo Item

C. BAILEY, RANDALL C., , ,

Date of Disbursement

FEC Identification Number

114

C C00401224
Transaction ID : 500193124

Amount of Each Disbursement this Period

5.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

Grade	Number of Students
1st	10
2nd	12
3rd	15
4th	18
5th	20
6th	22
7th	24
8th	25
9th	26
10th	27
11th	28
12th	29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2708 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193125**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193126**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193127**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2709 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193128**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193129**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193130**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

15.00

 Memo Item

B. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

15.00

Memo Item

C. BAILEY, RANDALL C., , ,

Three examples of the 12/25 format are shown, separated by slashes. The first example shows '02' for the month and '12' for the day, with '2025' for the year. The second example shows '12' for the month and '02' for the day, with '2025' for the year. The third example shows '2025' for the year, '12' for the month, and '02' for the day.

C C00401224

Category/
Type

5.00

Memo Item

35.00

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2711 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193134**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193135**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193136**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2712 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193137**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193138**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193139**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2713 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193140**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193141**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193142**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

15.00

 Memo Item

B. BAILEY, RANDALL C., , ,

C	C00401224
---	-----------

Category/
Type

5.00

Memo Item

C. BAILEY, RANDALL C., , ,

C C00401224

Amount of Each Disbursement this Period

Category/
Type

5.00

Memo Item

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2715 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193146**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193147**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193148**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2716 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193149

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193150

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193151

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2717 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193152**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193153**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193154**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2719 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193158

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193159

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193160

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

27.00

--

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

M M / D D / Y Y Y Y
02 12 2025

C C00401224

Category/
Type

Transaction ID : 500193161

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

5.00

Memo Item

B. BAILEY, RANDALL C., , ,

FEC Identification Number

Category/
Type

C C00401224

Transaction ID : 500193162

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Amount of Each Disbursement this Period

5.00

Memo Item

C. BAILEY, RANDALL C., , ,

FEC Identification Number

Category/
Type

C C00401224

Transaction ID : 500193163

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

15.00

Memo Item

A diagram of a rectangular room. The top and bottom walls are marked with small vertical lines, representing windows or doors. The right wall is labeled with the number 25.00, indicating its length.

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. BAILEY, RANDALL C., , ,

C C00401224

Transaction ID : 500193164

Memo Item

B. BAILEY, RANDALL C., , ,

MM / DD / YYYY

C C00401224

Transaction ID : 500193165

Amount of Each Disbursement this Period

Memo Item

C. BAILEY, RANDALL C., . . .



C	C00401224
Transaction ID : 500193166	

Amount of Each Disbursement this Period

A diagram of a rectangular box with a length of 6.00 units. The box is shown in perspective, with a top edge and a bottom edge. The bottom edge is labeled with the number 6.00. The box is divided into three equal sections by two vertical lines.

Memo Item

A diagram of a rectangular room with a length of 16.00 units. The room is represented by a rectangle with a dashed line inside, indicating a partition. The number 16.00 is written inside the rectangle, indicating the length.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2722 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193167**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193168**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193169**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2723 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193170**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193171**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193172**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2724 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193173**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193174**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193175**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

25.00

Memo Item

B. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

5.00

Memo Item

C. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

5.00

Memo Item

35.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2726 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193179**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193180**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193181**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BAILEY, RANDALL C., , ,

M M / D D / Y Y Y Y
02 12 2025

C C00401224

Category/
Type

Amount of Each Disbursement this Period

25.00

 Memo Item

B. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

Transaction ID : 500193183

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Memo Item

C. BAILEY, RANDALL C., , ,

C C00401224

Category/
Type

Transaction ID : 500193184

Amount of Each Disbursement this Period

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Memo Item

40.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2729 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193188

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193189

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193190

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2730 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193191**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193192**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193193**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2731 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193194

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193195

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193196

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2732 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193197**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193198**

Amount of Each Disbursement this Period

7.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193199**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2734 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193203**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, RANDALL C., , ,

Mailing Address 4192 SANDSTONE SHORES DR

City
STONECRESTState
GAZip Code
30038-3951Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193204**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANNISTER, OLA, , ,

Mailing Address 727 BELMONT DR

City
HIGH POINTState
NCZip Code
27263-2201Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193010**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BANNISTER, OLA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193011

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

B. BASINI, SUSAN F., . . .

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193258

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

11.00

Memo Item

C. BASINI, SUSAN F., . . .

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193259

Amount of Each Disbursement this Period

Category/

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

11.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

27.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2736 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BISHOP-STEWART, DULCIE, A., ,

Mailing Address 135 PARKVIEW DR

City
MERIDIANVILLEState
ALZip Code
35759-2340Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193225

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BISTRANSKY, ROBERT, PAUL, ,

Mailing Address 787 GOUCHER ST

City
JOHNSTOWNState
PAZip Code
15905-3028Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

FEC Identification Number

C	
---	--

Transaction ID : 500194746

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BLOODWORTH, SHIRLEY, , ,

Mailing Address 4610 IROQUOIS AVE

City
JACKSONVILLEState
FLZip Code
32210-7628Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192750

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

234.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2737 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BLOODWORTH, SHIRLEY, , ,

Mailing Address 4610 IROQUOIS AVE

City
JACKSONVILLEState
FLZip Code
32210-7628Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192751**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BLOODWORTH, SHIRLEY, , ,

Mailing Address 4610 IROQUOIS AVE

City
JACKSONVILLEState
FLZip Code
32210-7628Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192752**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BLYVEIS, BARRY, , ,Mailing Address 5400 VANTAGE POINT RD
APT 111City
COLUMBIAState
MDZip Code
21044-2639Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193499**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. BOGUE, RUSS, , ,

The first label shows 'M M' above the number '02'. The second label shows 'D D' above the number '04'. The third label shows 'Y Y Y Y' above the year '2025'.

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

100.00

Memo Item

B. BOIVIN, KATHY, . . .

M M / D D / Y Y Y Y
02 28 2025

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

15.00

Memo Item

C. BOIVIN, KATHY, ...

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

15.00

Memo Item

A diagram of a rectangular room with a length of 130.00 units. The room is represented by a rectangle with a dashed line inside, indicating a partition. The length is labeled as 130.00.

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BOLINGER, ALBERT, F., ,

A diagram of a three-part barcode. The first part has two 'M' labels above the bars and the value '02' below. The second part has two 'D' labels above the bars and the value '23' below. The third part has four 'Y' labels above the bars and the value '2025' below. The parts are separated by slashes.

25.00

 Memo Item

B. BOLINGER, ALBERT, F., ,

24.00

 Memo Item

C. BOLINGER, ALBERT, F., ,

24.00

Memo Item

73.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2741 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BOOTHE, DIAN, , ,Mailing Address 10685 HAZELHURST DR
STE BCity
HOUSTONState
TXZip Code
77043-3261Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193500**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BORTHWICK, DIANE, , ,

Mailing Address 316 BURTON ST

City
BAILEYState
COZip Code
80421-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193370**

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BOWMAN, CATHY, , ,

Mailing Address 200 N 28TH ST

City
PURCELLVILLEState
VAZip Code
20132-3088Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192754**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

26.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2742 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BROOKS, MARVA, , ,

Mailing Address 10 BENT TREE LN

City
HILTON HEAD ISLANDState
SCZip Code
29926-1906Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192755**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BROOKS, MARVA, , ,

Mailing Address 10 BENT TREE LN

City
HILTON HEAD ISLANDState
SCZip Code
29926-1906Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192756**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BROOKS, MARVA, , ,

Mailing Address 10 BENT TREE LN

City
HILTON HEAD ISLANDState
SCZip Code
29926-1906Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192757**

Amount of Each Disbursement this Period

38.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

68.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. BROUGH, ERICH, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

FEC Identification Number

C C00401224

Transaction ID : 500193260

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

B. BROUGH, ERICH, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

FEC Identification Number

C C00401224

Transaction ID : 500193261

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

5.00

Memo Item

C. BROUGH, ERICH, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193262

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

15.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2744 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BROWN, ROBERT, , ,

Mailing Address 517 HARWARD CT

City
EDMONDState
OKZip Code
73013-5434

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193263**

Amount of Each Disbursement this Period

13.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUCHANAN, CHARLES, , ,Mailing Address 12705 SE RIVER RD
APT 303ACity
PORTLANDState
ORZip Code
97222-9717

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193371**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BUCKLEY, DONALD P, , ,

Mailing Address 19 PECK LN

City
CHESHIREState
CTZip Code
06410-2037

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193264**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2745 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BUCKLEY, DONALD P, , ,

Mailing Address 19 PECK LN

City
CHESHIREState
CTZip Code
06410-2037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224
Transaction ID : 500193265

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BURGAN, WILLIAM, , ,Mailing Address 7215 N DISTRICT AVE
APT 563City
LINCOLNWOODState
ILZip Code
60712-1848Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193456

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BURGAN, WILLIAM, , ,Mailing Address 7215 N DISTRICT AVE
APT 563City
LINCOLNWOODState
ILZip Code
60712-1848Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193457

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2005.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2746 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. BURGAN, WILLIAM, , ,Mailing Address 7215 N DISTRICT AVE
APT 563City
LINCOLNWOODState
ILZip Code
60712-1848Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193458

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BURGAN, WILLIAM, , ,Mailing Address 7215 N DISTRICT AVE
APT 563City
LINCOLNWOODState
ILZip Code
60712-1848Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193459

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CADEZ, ANA, , ,

Mailing Address 960 LINDA VISTA AVE

City
PASADENAState
CAZip Code
91103-2742Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

FEC Identification Number

C C00401224
Transaction ID : 500192900

Amount of Each Disbursement this Period

11.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2011.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2747 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CAGLE, CHERYL, G., ,

Mailing Address 9850 KINGS RD

City
GAINESVILLEState
GAZip Code
30506-5857Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193588**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CARDINALLI, FRANK, J, ,Mailing Address 1350 W ROBINHOOD DR
STE 1City
STOCKTONState
CAZip Code
95207-5519Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193589**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CARDINALLI, FRANK, J, ,Mailing Address 1350 W ROBINHOOD DR
STE 1City
STOCKTONState
CAZip Code
95207-5519Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193590**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2748 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CARESS, EDWARD, , ,

Mailing Address 4907 AYRSHIRE PL

City
COLFAXState
NCZip Code
27235-9653Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193501**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CHATLEN, MARTHA, , ,

Mailing Address 3300 SUNDEW CT

City
ALPHARETTAState
GAZip Code
30005-4200Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192758**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224**Transaction ID : 500192901**

Amount of Each Disbursement this Period

7.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

107.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2749 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192902

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192903

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192904

Amount of Each Disbursement this Period

7.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

21.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2750 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192905

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CLARK, MARILYN, , ,

Mailing Address 115 DAVID CT

City
FORT MILLState
SCZip Code
29715-2510Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192906

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193372

Amount of Each Disbursement this Period

10.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2751 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193373**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193374**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193375**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2752 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193376

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193377

Amount of Each Disbursement this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193378

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

22.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2753 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193379

Amount of Each Disbursement this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193380

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193381

Amount of Each Disbursement this Period

37.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

84.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2754 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193382

Amount of Each Disbursement this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193383

Amount of Each Disbursement this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193384

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

84.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2755 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193385**

Amount of Each Disbursement this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193386**

Amount of Each Disbursement this Period

37.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193387**

Amount of Each Disbursement this Period

37.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

111.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2756 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193388

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193389

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193390

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2757 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193391

Amount of Each Disbursement this Period

7.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COHEN, PAUL, , ,

Mailing Address PO BOX 204

City
BELMONTState
MAZip Code
02478-0002Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193392

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COHN, BARBARA, , ,

Mailing Address 12537 WAR ADMIRAL WAY

City
NORTH POTOMACState
MDZip Code
20878-3705Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2025

FEC Identification Number

C C00401224

Transaction ID : 500193205

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2758 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COLLINS, BEATRICE, L., ,

Mailing Address 905 HENSLEE DR

City
EULESSState
TXZip Code
76040-5331

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193012**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COLLINS, BEATRICE, L., ,

Mailing Address 905 HENSLEE DR

City
EULESSState
TXZip Code
76040-5331

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193013**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMSTOCK, JOY, , ,Mailing Address 504 BERING DR
APT 618City
HOUSTONState
TXZip Code
77057-1486

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2025

FEC Identification Number

C C00401224**Transaction ID : 500193224**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2759 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COOLEY, WILLIAM, J., ,

Mailing Address 13 NATICK ST

City
PEAKS ISLANDState
MEZip Code
04108-1141Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

FEC Identification Number

C **Transaction ID : 500194743**

Amount of Each Disbursement this Period

 80.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CRAWFORD, DORSENA, , ,

Mailing Address 41 CHIPPENHAM DR

City
VOORHEESState
NJZip Code
08043-4745Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C C00401224**Transaction ID : 500193206**

Amount of Each Disbursement this Period

 3.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CRISP, FRED, L, ,

Mailing Address 11605 MARINA LN

City
SODDY DAISYState
TNZip Code
37379-5737Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193502**

Amount of Each Disbursement this Period

 40.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 123.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2760 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CRUZ, DORIS, , ,

Mailing Address 350 TENAFLY RD

City
ENGLEWOODState
NJZip Code
07631-1828Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224
Transaction ID : 500192907

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CUNNINGHAM, MARTIN, , ,

Mailing Address 1408 CAPRI DR

City
CAMPBELLState
CAZip Code
95008-6819Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193393

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CUNNINGHAM, MARTIN, , ,

Mailing Address 1408 CAPRI DR

City
CAMPBELLState
CAZip Code
95008-6819Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193394

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

16.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2761 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. CUNNINGHAM, MARTIN, , ,

Mailing Address 1408 CAPRI DR

City
CAMPBELLState
CAZip Code
95008-6819Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193395**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CURRIER, JAMES, , ,

Mailing Address 1576 PEREGRINE CIR

City
ROCKLEDGEState
FLZip Code
32955-5235Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193226**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANIELS, WILLIAM, , ,

Mailing Address 20160 BACK NINE DR

City
BOCA RATONState
FLZip Code
33498-4709Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193503**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2762 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DELAPP, FRANK, , ,

Mailing Address 353 D

City
HOMERState
AKZip Code
99603Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193504**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DELP, ROBERT, , ,

Mailing Address 1401 13TH AVE S

City
GREAT FALLSState
MTZip Code
59405-4701Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192759**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DELP, ROBERT, , ,

Mailing Address 1401 13TH AVE S

City
GREAT FALLSState
MTZip Code
59405-4701Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192760**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

--

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. DELP, ROBERT, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192761

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

15.00

Memo Item

B. DELP, ROBERT, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500192762

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

12.50

Memo Item

C. DELP, ROBERT, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192763

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 15.00 is written above the 8th tick mark from the left.

Memo Item

A diagram of a 100m race track. The track is a long, narrow rectangle. The top and bottom edges are marked with vertical lines, representing lane boundaries. The right edge is labeled '100m'. A segment of the bottom edge, starting from the left and extending to the right, is highlighted in light blue. This segment is labeled '42.50'.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2764 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. DETWILER, RP, , ,

Mailing Address 36 RIVER RD

City
HANOVERState
NHZip Code
03755-6612Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224

Transaction ID : 500193591

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DETWILER, RP, , ,

Mailing Address 36 RIVER RD

City
HANOVERState
NHZip Code
03755-6612Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224

Transaction ID : 500193592

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DOTIWALA, ISABEL, , ,

Mailing Address 131 MOONLIGHT TRL

City
SAVANNAHState
GAZip Code
31407-3316Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224

Transaction ID : 500193593

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. DOTIWALA, ISABEL, , ,

15.00

B. ELSOM, SUSAN, , ,

Fruit	Number of People
Apple	10
Banana	12
Orange	8
Watermelon	15

C. ENDICOTT, MARTHA, G., ,

25.00

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2766 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193396**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193397**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193398**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. EXNER, KELLY, , ,

Date of Disbursement



FEC Identification Number

C C00401224

Transaction ID : 500193402

Amount of Each Disbursement this Period

6.00

Memo Item

State:

District:

B. EXNER, KELLY, . . .

Date of Disbursement

MM / DD / YYYY

111

FEC Identification Number

C C00401224
Transaction ID : 500193403

Amount of Each Disbursement this Period

15.00

Memo Item

State:

District:

C. EXNER, KELLY, ...

Date of Disbursement

MM / DD / YYYY

11/11

FEC Identification Number

C C00401224
Transaction ID : 500193404

Amount of Each Disbursement this Period

15.00

Memo Item

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

36.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2769 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193405**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193406**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193407**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

44.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2770 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193408**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193409**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193410**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2771 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193411**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EXNER, KELLY, , ,

Mailing Address 324 WAWONA AVE

City
SHELL BEACHState
CAZip Code
93449-1965Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193412**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FALLER, FRAN, , ,Mailing Address 2555 GROSS POINT RD
IL60201City
EVANSTONState
ILZip Code
60201-4977Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193505**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

Memo Item

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. FAULKNER, GRADY, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192911

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

25.00

 Memo Item

B. FERGUSON, MARILYN, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192765

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Memo Item

C. FERRIS-BURT, LOUISE, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193207

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

3015.00

Memo Item

3041.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2774 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FLOOR, BETH, , ,

Mailing Address 45 CLARK ST

City
BELMONTState
MAZip Code
02478-2449Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193227**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FLUHARTY, MARY, , ,

Mailing Address 34416 TIFFANY LN

City
EUSTISState
FLZip Code
32736-7072Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193228**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FREE, JAMES, , ,

Mailing Address 1760 MOUNT VERNON DR

City
SAN JOSEState
CAZip Code
95125-5552Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193460**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2775 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FREE, JAMES, , ,

Mailing Address 1760 MOUNT VERNON DR

City
SAN JOSEState
CAZip Code
95125-5552Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193461

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FREEMAN, PHYLLIS, I., ,

Mailing Address 34147 FREEMAN BEACH RD

City
RICHVILLEState
MNZip Code
56576-9506Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224
Transaction ID : 500192912

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIEDMAN, PHILIP, , ,

Mailing Address 1333 S OCEAN BLVD

City
POMPANO BEACHState
FLZip Code
33062-6912Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224
Transaction ID : 500193229

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

40.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2776 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. FRY, PETER, , ,

Mailing Address 467 HERKIMER ST
APT 3City
BROOKLYNState
NYZip Code
11213-2275Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192913

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRY, PETER, , ,

Mailing Address 467 HERKIMER ST
APT 3City
BROOKLYNState
NYZip Code
11213-2275Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192914

Amount of Each Disbursement this Period

18.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GAMAO, ESTRELLA, , ,

Mailing Address 14818 DENSMORE AVE N

City
SHORELINEState
WAZip Code
98133-6612Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193266

Amount of Each Disbursement this Period

10.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

46.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2777 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GARCIA, TANIA, , ,

Mailing Address 2439 MAURITANIA RD

City
PUNTA GORDAState
FLZip Code
33983-8673Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193506**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARCIA, TANIA, , ,

Mailing Address 2439 MAURITANIA RD

City
PUNTA GORDAState
FLZip Code
33983-8673Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193507**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GEBRE-EGZIABHER, BERKET, , ,

Mailing Address 3843 E POLLACK ST

City
PHOENIXState
AZZip Code
85042-6209Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193267**

Amount of Each Disbursement this Period

11.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. GEBRE-EGZIABHER, BEREKET, , ,

State: District:

11.00

Memo Item

B. GEBRE-EGZIABHER, BEREKET, , ,

State: District:

11.00

Memo Item

C. GEBRE-EGZIABHER, BEREKET, , ,

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

11.00

 Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....▶

33.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2779 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GEBRE-EGZIABHER, BERKET, , ,

Mailing Address 3843 E POLLACK ST

City
PHOENIXState
AZZip Code
85042-6209Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193271**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GEORGE, VARGHESE, , ,

Mailing Address 12812 CIRCLE DR

City
ROCKVILLEState
MDZip Code
20850-3715Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192766**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GHERARD, JAMES, , ,

Mailing Address 5241 D W HATTERY OWENS RD

City
DEER PARKState
WAZip Code
99006-9457Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192767**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2781 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. GROGAN, MAUREEN, , ,Mailing Address 50 LACEY RD
STE B130City
WHITINGState
NJZip Code
08759-4408Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193508**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUIZAR, ELVIA, , ,

Mailing Address 2005 E BARD RD

City
OXNARDState
CAZip Code
93033-6710Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193413**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUIZAR, ELVIA, , ,

Mailing Address 2005 E BARD RD

City
OXNARDState
CAZip Code
93033-6710Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193414**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2782 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAMMERSLAG, CHARLES, , ,

Mailing Address 110 W MAIN SR

City
BAINBRIDGEState
NYZip Code
13733Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224
Transaction ID : 500192768

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAMMERSLAG, CHARLES, , ,

Mailing Address PO BOX 136

City
BAINBRIDGEState
NYZip Code
13733-0136Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224
Transaction ID : 500192769

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HARDY, ELLEN LYNN, , ,

Mailing Address 2104 APT

City
RICHARDSONState
TXZip Code
75082Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193415

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2784 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193512

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193513

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193514

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

29.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C00401224

Transaction ID : 500193515

Amount of Each Disbursement this Period

15.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193516

Amount of Each Disbursement this Period

5.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193517

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2786 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193518

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193519

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193520

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

25.00

TOTAL This Period (last page this line number only)..... ►

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193521

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	45

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193522

Amount of Each Disbursement this Period

12.50

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193523

Amount of Each Disbursement this Period

Year	Number of individuals
1990	4.5
1991	3.5
1992	3.0
1993	3.0
1994	2.5
1995	3.0
1996	2.5
1997	3.0
1998	2.5
1999	4.5
2000	3.5

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

A diagram of a rectangular box with a length of 22.50 units. The box is represented by a horizontal line with vertical tick marks at regular intervals. The number 22.50 is written below the line, indicating the total length.

TOTAL This Period (last page this line number only).....

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025



FEC Identification Number

C C00401224

Transaction ID : 500193524

Amount of Each Disbursement this Period

12.00

Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

11/11/2019

FEC Identification Number

C C00401224

Transaction ID : 500193525

Amount of Each Disbursement this Period

15.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193526

Amount of Each Disbursement this Period

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

32.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2789 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193527

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193528

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193529

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

39.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

02 / 26 / 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Memo Item

Food Type	Number of People
Fruit	10
Vegetables	15
Meat	20
Desserts	25

[illegible]

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

C C00401224

Transaction ID : 500193533

Amount of Each Disbursement this Period

17.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

11/11

FEC Identification Number

C C00401224

Transaction ID : 500193534

Amount of Each Disbursement this Period

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

114

FEC Identification Number

C C00401224

Transaction ID : 500193535

Amount of Each Disbursement this Period

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

32.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

C C00401224

Transaction ID : 500193536

Amount of Each Disbursement this Period

15.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

11/11

FEC Identification Number

C C00401224

Transaction ID : 500193537

Amount of Each Disbursement this Period

5.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

C C00401224

Transaction ID : 500193538

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

02 / 26 / 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193539

Amount of Each Disbursement this Period

12.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193540

Amount of Each Disbursement this Period

5.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193541

Amount of Each Disbursement this Period

12.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

29.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2794 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193542

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193543

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193544

Amount of Each Disbursement this Period

12.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20.50

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

C C00401224

Transaction ID : 500193545

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

15.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

111

C C00401224

Transaction ID : 500193546

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

3.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

11/11

C C00401224

Transaction ID : 500193547

Amount of Each Disbursement this Period

Category/

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

A diagram of a rectangular room. The top wall is marked with 11 evenly spaced tick marks. The right wall is marked with 11 evenly spaced tick marks. The number "23.00" is written in the center of the room, indicating its length.

TOTAL This Period (last page this line number only).....

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

FEC Identification Number

C C00401224

Category/
Type

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number



C C00401224

Category/
Type

Transaction ID : 500193552

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

5.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Fruit	Number of People
Apple	10
Banana	8
Grapes	12
Mango	5
Orange	7

Memo Item

22.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2798 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193554

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193555

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HAYNES, JOAN, , ,

Mailing Address 9015 KINGSTON RD

City
BRADENTONState
FLZip Code
34210-2243Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193556

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500193557

Amount of Each Disbursement this Period

12.00

 Memo Item

B. HAYNES, JOAN, , ,

Date of Disbursement

MM / DD / YYYY

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500193558

Amount of Each Disbursement this Period

15.00

Memo Item

C. HAYNES, JOAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 26 2025

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500193559

Amount of Each Disbursement this Period

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

32.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2800 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HELLACK, JENNA, JO, ,

Mailing Address 3001 HIGHLAND GLN

City
NORMANState
OKZip Code
73069-8339Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193273**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HERRERA, ROLAND, , ,Mailing Address 10229 ASHWOOD ST
APT 34City
LAKESIDEState
CAZip Code
92040-2424Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192770**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HERRERA, ROLAND, , ,Mailing Address 10229 ASHWOOD ST
APT 34City
LAKESIDEState
CAZip Code
92040-2424Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192771**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2801 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HERRERA, ROLAND, , ,Mailing Address 10229 ASHWOOD ST
APT 34City
LAKESIDEState
CAZip Code
92040-2424Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192772**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HIGHBY, JOHN, , ,

Mailing Address 402 SOMERSET RD

City
BALTIMOREState
MDZip Code
21210-2824Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224**Transaction ID : 500192915**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HIGHBY, JOHN, , ,

Mailing Address 402 SOMERSET RD

City
BALTIMOREState
MDZip Code
21210-2824Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224**Transaction ID : 500192916**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2802 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HIGHBY, JOHN, , ,

Mailing Address 402 SOMERSET RD

City
BALTIMOREState
MDZip Code
21210-2824Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224**Transaction ID : 500192917**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLDREN, GLEN, , ,

Mailing Address 1865 W CAMINO ESTELAR

City
GREEN VALLEYState
AZZip Code
85622-5402Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2025

FEC Identification Number

C C00401224**Transaction ID : 500193560**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOMAE, HAMID, , ,

Mailing Address 4845 TIMBER EDGE DR

City
RICHFIELDState
OHZip Code
44286-9655Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192773**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

59.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2803 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOURIHAN, DOROTHY, , ,

Mailing Address 8 SADDLE RIDGE DR

City
HOPEWELL JUNCTIONState
NYZip Code
12533-6044Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192918**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192789**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192803**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2804 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C C00401224**Transaction ID : 500192798**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192774**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192775**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2805 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500192776

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500192777

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500192778

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2806 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192779

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192780

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192781

Amount of Each Disbursement this Period

19.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

69.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2807 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192782

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192783

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192784

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

39.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2808 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192785**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192786**

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192787**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2809 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192788

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192790

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192791

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2810 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192792

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192793

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192794

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2811 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192795

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192796

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192797

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

40.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HOUSTON, THELMA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192799

Category/
Type

Amount of Each Disbursement this Period

☐ Primary ☐ General
☐ Other (specify) ▼

25.00

Memo Item

B. HOUSTON, THELMA, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500192800

Category/
Type

Amount of Each Disbursement this Period

☐ Primary ☐ General
☐ Other (specify) _____

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 15.00 is written above the 8th tick mark from the left.

Memo Item

C. HOUSTON, THELMA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192801

Category/
Type

Amount of Each Disbursement this Period

☐ Primary ☐ General
☐ Other (specify) ▼

Food Item	Number of People
Pizza	10
Pasta	8
Sandwich	5
Salad	3
Fruit	1

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

55.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2813 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192802

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192804

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192805

Amount of Each Disbursement this Period

6.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2814 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192806

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192807

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224

Transaction ID : 500192808

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2815 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192809**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192810**

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192811**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2816 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192812**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192813**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192814**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2817 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193416

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193417

Amount of Each Disbursement this Period

19.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193418

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2819 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193422**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193423**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193424**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2820 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193425**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193426**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193427**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2821 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
Transaction ID : 500193428	

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
Transaction ID : 500193429	

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C	C00401224
Transaction ID : 500193430	

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. HOUSTON, THELMA, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193431

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

15.00

Memo Item

B. HOUSTON, THELMA, . .

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193432

Amount of Each Disbursement this Period

Category/Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify)

5.00

Memo Item

C. HOUSTON, THELMA, . .

Date of Disbursement

M M / D D / Y Y Y Y
02 23 2025

FEC Identification Number

C C00401224

Transaction ID : 500193433

Amount of Each Disbursement this Period

Category
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

19.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

39.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2823 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193434**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193435**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOUSTON, THELMA, , ,

Mailing Address 2906 S NORTON AVE

City
LOS ANGELESState
CAZip Code
90018-2850

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193436**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

36.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2824 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. HOVANISSIAN, RAZMIK, , ,

Mailing Address 14737 SHERMAN WAY

City
VAN NUYSState
CAZip Code
91405-2209

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193437**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HUDSON, JUDY, , ,

Mailing Address 146 LORRAINE CT

City
BEREAState
KYZip Code
40403-1318

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193274**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HUDSON, JUDY, , ,

Mailing Address 146 LORRAINE CT

City
BEREAState
KYZip Code
40403-1318

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193275**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. HUDSON, JUDY, , ,

C	C00401224
---	-----------

Category/Type

25.00

 Memo Item

B. HUDSON, JUDY, , ,

C	C00401224
---	-----------

Category/
Type

6.00

Memo Item

C. JOHNSON, LEWIS T., , ,

Three 7-segment displays showing the date 02/12/2025 in MM/DD/YY format. The first display shows '02' with 'M' labels above the top-left and top-right segments. The second display shows '12' with 'D' labels above the top-left and top-right segments. The third display shows '2025' with 'Y' labels above each of the four digits.

C C00401224

Category/
Type

100.00

Memo Item

131.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2826 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JOHNSON, RONALD, , ,

Mailing Address 30 W BAY BLVD S
USCity
LAKE WALESState
FLZip Code
33859-8131Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 03 2025

FEC Identification Number

C

Transaction ID : 500194737

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHNSON, VANESSA, , ,

Mailing Address 403 N LABURNUM AVE

City
RICHMONDState
VAZip Code
23223-2917Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 05 2025

FEC Identification Number

C C00401224

Transaction ID : 500193223

Amount of Each Disbursement this Period

7.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORDACHE, MADELEINE, KANT, ,

Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 13 2025

FEC Identification Number

C C00401224

Transaction ID : 500193015

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2827 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193016**

Amount of Each Disbursement this Period

14.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193017**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193018**

Amount of Each Disbursement this Period

1.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2828 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193019**

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193020**

Amount of Each Disbursement this Period

7.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193021**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2829 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. JORDACHE, MADELEINE, KANT, ,Mailing Address 25 SUTTON PL S
APT 10ACity
NEW YORKState
NYZip Code
10022-2462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193022**

Amount of Each Disbursement this Period

2.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KENDALL, PAUL, , ,

Mailing Address PO BOX 7

City
HAYESState
VAZip Code
23072-0007Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193230**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KENDALL, PAUL, , ,

Mailing Address PO BOX 7

City
HAYESState
VAZip Code
23072-0007Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193231**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

87.53

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2830 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KIELTY, MICHAEL, , ,Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193023**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KIELTY, MICHAEL, , ,Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193024**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KIELTY, MICHAEL, , ,Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224**Transaction ID : 500193025**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2831 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KIELTY, MICHAEL, , ,

Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2025

FEC Identification Number

C C00401224

Transaction ID : 500193026

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KIELTY, MICHAEL, , ,

Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193278

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KIELTY, MICHAEL, , ,

Mailing Address 60 HILL POINTE CT
STE 202City
SAINT CHARLESState
MOZip Code
63303-4099Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193279

Amount of Each Disbursement this Period

25.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2832 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KNIGHT, STEVEN, , ,

Mailing Address PO BOX 20520

City
EL SOBRANTEState
CAZip Code
94820-0520Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193280**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KOSAKA, GLENN, , ,Mailing Address 1931 E VINEYARD ST
STE 203City
WAILUKUState
HIZip Code
96793-1700Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192815**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KREISBERG, FRAN, , ,

Mailing Address 18771 RIDGEWOOD LN

City
VILLA PARKState
CAZip Code
92861-4319Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193281**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2833 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KREISBERG, FRAN, , ,

Mailing Address 18771 RIDGEWOOD LN

City
VILLA PARKState
CAZip Code
92861-4319

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193282

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KREISBERG, FRAN, , ,

Mailing Address 18771 RIDGEWOOD LN

City
VILLA PARKState
CAZip Code
92861-4319

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193283

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KYER, MARYPAT, , ,

Mailing Address 4857 KINGS RIDGE BLVD

City
BOULDERState
COZip Code
80301-5434

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192919

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. KYER, MARYPAT, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 09 2025

FEC Identification Number



C C00401224

Transaction ID : 500192920

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

15.00

 Memo Item

B. LARSON, DWAYNE, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

111

C C00401224

Transaction ID : 500193284

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

11.00

Memo Item

C. LARSON, DWAYNE, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

11/11

C C00401224

Transaction ID : 500193285

Amount of Each Disbursement this Period

Category/

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

11.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

37.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2835 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LARSON, DWAYNE, , ,

Mailing Address 16247 COUNTY ROAD 1

City
FIFTY LAKESState
MNZip Code
56448-2079Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193286**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LARSON, DWAYNE, , ,

Mailing Address 16247 COUNTY ROAD 1

City
FIFTY LAKESState
MNZip Code
56448-2079Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193287**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LARSON, DWAYNE, , ,

Mailing Address 16247 COUNTY ROAD 1

City
FIFTY LAKESState
MNZip Code
56448-2079Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193288**

Amount of Each Disbursement this Period

11.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2836 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LARSON, DWAYNE, , ,

Mailing Address 16247 COUNTY ROAD 1

City
FIFTY LAKESState
MNZip Code
56448-2079

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193289**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LINDSEY, EUGENIA, , ,

Mailing Address 14511 ESSENDINE LN

City
HOUSTONState
TXZip Code
77045-6129

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193438**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LINDSEY, EUGENIA, , ,

Mailing Address 14511 ESSENDINE LN

City
HOUSTONState
TXZip Code
77045-6129

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	3			2	0	2	5		

FEC Identification Number

C C00401224**Transaction ID : 500193439**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1	7	0	0										
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2837 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. LINDSEY, EUGENIA, , ,

Mailing Address 14511 ESSENDINE LN

City
HOUSTONState
TXZip Code
77045-6129Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193440**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LOCKER, BRYAN, , ,Mailing Address 4874 SOUTH BLVD NW
APT 10City
CANTONState
OHZip Code
44718-1956Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193595**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LOPEZ, THERESIA, , ,

Mailing Address 302 HCR 1428

City
COVINGTONState
TXZip Code
76636-4490Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224**Transaction ID : 500193209**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

278.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2839 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MADDEN, MARY, ANN, ,Mailing Address 850 PIEDMONT AVE NE
UNIT 2510City
ATLANTAState
GAZip Code
30308-1492Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193561**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MALEY, VAUGHN, CARLTON, , JR

Mailing Address 1822 KALORAMA RD NW

City
WASHINGTONState
DCZip Code
20009-5187Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193232**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MALEY, VAUGHN, CARLTON, , JR

Mailing Address 1822 KALORAMA RD NW

City
WASHINGTONState
DCZip Code
20009-5187Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193233**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2840 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193234**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193235**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193236**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2841 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224
Transaction ID : 500193237

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224
Transaction ID : 500193238

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224
Transaction ID : 500193239

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2842 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193240**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193241**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193242**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2843 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MALLERY, BERRELL, , ,Mailing Address 89 BLEECKER ST
APT 3FCity
NEW YORKState
NYZip Code
10012-1526Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C C00401224**Transaction ID : 500193243**

Amount of Each Disbursement this Period

20.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MANGANARO, MARIA, C, ,

Mailing Address 100 DICKINSON RD

City
GLASSBOROState
NJZip Code
08028-2105Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224**Transaction ID : 500193210**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MANGANARO, MARIA, C, ,

Mailing Address 100 DICKINSON RD

City
GLASSBOROState
NJZip Code
08028-2105Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224**Transaction ID : 500193211**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2844 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MANNING, LINDA, , ,

Mailing Address 8300 E MCDOWELL RD

City
SCOTTSDALEState
AZZip Code
85257-4247

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193562**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARK, DAVID, , ,

Mailing Address 41350 RASPBERRY DR

City
LEESBURGState
VAZip Code
20176-7826

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224**Transaction ID : 500193212**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARK, DAVID, , ,

Mailing Address 41350 RASPBERRY DR

City
LEESBURGState
VAZip Code
20176-7826

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224**Transaction ID : 500193213**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1200.00

TOTAL This Period (last page this line number only)..... ►

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. MARTIN, GARY, , ,

Date of Disbursement

CONTRIBUTION REFUND

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

District:

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193290

Amount of Each Disbursement this Period

3.00

Memo Item

B. MARTIN, GARY, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

CONTRIBUTION REFUND

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) _____

District:

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193291

Amount of Each Disbursement this Period

3.00

Memo Item

C. MARTIN, PAUL, , ,

Date of Disbursement

CONTRIBUTION REFUND

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

District:

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192921

Amount of Each Disbursement this Period

25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

31.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. MARTIN, PAUL, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192922

Amount of Each Disbursement this Period

25.00

Memo Item

B. MARTIN, PAUL, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192923

Amount of Each Disbursement this Period

25.00

Memo Item

C. MASS, AMY, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192924

Amount of Each Disbursement this Period

25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Diagram of a 2-lane sequencing gel. The top lane is labeled "75.00" and contains three bands. The bottom lane contains five bands. The bands in the top lane are at positions corresponding to the 2nd, 4th, and 5th bands of the bottom lane.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2847 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MATHIAS, LENORA, , ,

Mailing Address 222 BROADWAY
APT 606City
OAKLANDState
CAZip Code
94607-3844Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 24 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193464

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAUNEY, KENNETH, , ,

Mailing Address 4012 ANGIER AVE

City
DURHAMState
NCZip Code
27703-5608Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193563

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAUNEY, KENNETH, , ,

Mailing Address 4012 ANGIER AVE

City
DURHAMState
NCZip Code
27703-5608Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 27 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193564

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

14.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. MCCUE, JANICE K., , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 11 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193244

Amount of Each Disbursement this Period

125.00

Memo Item

B. MCPHERSON, GLORIA, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192925

Amount of Each Disbursement this Period

25.00

Memo Item

C. MCPHERSON, GLORIA, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/ Type	Count	Percentage
Category 1	10	10.0%
Category 2	20	20.0%
Category 3	30	30.0%
Category 4	40	40.0%
Category 5	50	50.0%
Category 6	60	60.0%
Category 7	70	70.0%
Category 8	80	80.0%
Category 9	90	90.0%
Category 10	100	100.0%

FEC Identification Number

C C00401224

Transaction ID : 500192926

Amount of Each Disbursement this Period

25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

175.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2849 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. MISKIT, BERNADETTE, , ,

Mailing Address 3117 ELLINGTON CIR

City
SACRAMENTOState
CAZip Code
95825-7823Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		17		2025

FEC Identification Number

C C00401224**Transaction ID : 500193214**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MONTGOMERY, ROBERT, , ,

Mailing Address 19013 NITRA AVE

City
MAPLE HEIGHTSState
OHZip Code
44137-1608Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193441**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MUCKENSTURM, RITA, , ,

Mailing Address 3038 SAYBROOKE BLVD

City
STOWState
OHZip Code
44224-2830Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

FEC Identification Number

C C00401224**Transaction ID : 500192927**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

28.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. MURPHY, BENEDETTO, , ,

Memo Item

B. MURPHY, BENEDETTO, , ,

Memo Item

C. NAHABEDIAN, KATHY, , ,

Three examples of the 3x3 grid pattern are shown, separated by slashes. The first grid contains the number 02, the second contains 13, and the third contains 2025. Each grid has a 3x3 arrangement of squares, with some squares containing letters (M, D, Y) and others containing numbers or being empty.

 Memo Item



SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2852 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193028**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193029**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193030**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2853 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193031**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193032**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193033**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193034**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193035**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193036**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2855 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193037**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193038**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193039**

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2856 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193040**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193041**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193042**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2857 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193043

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193044

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500193045

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193046**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193047**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193048**

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2859 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193049

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193050

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193051

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193052**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193053**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193054**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2861 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193055**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193056**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193057**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2862 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193058**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193059**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193060**

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2863 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193061**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193062**

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193063**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2864 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193064

Amount of Each Disbursement this Period

2.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193065

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
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BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193066

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2865 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193067**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193068**

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NAHABEDIAN, KATHY, , ,Mailing Address 137 S ELM DR
APT 2City
BEVERLY HILLSState
CAZip Code
90212-3324Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193069**

Amount of Each Disbursement this Period

2.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NEAL, DOROTHY, VIRGINIA, ,Mailing Address 601 QUICKSILVER CT
UNIT 404City
REISTERSTOWNState
MDZip Code
21136-6258Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 02 2025

FEC Identification Number

C

Transaction ID : 500194094

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NEAL, DOROTHY, VIRGINIA, ,Mailing Address 601 QUICKSILVER CT
UNIT 404City
REISTERSTOWNState
MDZip Code
21136-6258Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 04 2025

FEC Identification Number

C C00401224

Transaction ID : 500192817

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NEUMANN, GERWIN, , ,

Mailing Address 37 WOODRIDGE RD

City
WAYLANDState
MAZip Code
01778-3619Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 25 2025

FEC Identification Number

C C00401224

Transaction ID : 500193565

Amount of Each Disbursement this Period

20.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2867 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. NEWSOME, WILLIAM, , ,

Mailing Address 663 E 107TH ST

City
CLEVELANDState
OHZip Code
44108-2253

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192818**

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGO, TIMOTHY, , ,

Mailing Address 1243 E VANOWEN AVE

City
ORANGEState
CAZip Code
92867-3878

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2025

FEC Identification Number

C C00401224**Transaction ID : 500192930**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NICHOLAS, LINDA, , ,

Mailing Address 6261 E FOX GLEN DR

City
ANAHEIMState
CAZip Code
92807-4070

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193442**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

490.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2868 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. OCONNOR, TERRI, , ,

Mailing Address 1736 2ND AVE

City
NEW YORKState
NYZip Code
10128-3524

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193443

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OCONNOR, TERRI, , ,

Mailing Address 1736 2ND AVE

City
NEW YORKState
NYZip Code
10128-3524

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193444

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLLERTON, ROBERT, , ,

Mailing Address 5989 JACKSON DR

City
LA MESAState
CAZip Code
91942-2620

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193445

Amount of Each Disbursement this Period

50.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

80.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2869 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. OLSON, DONALD, , ,

Mailing Address N11577 WINTER ST

City
ANIWAState
WIZip Code
54408-9771Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		05		2025

FEC Identification Number

C **Transaction ID : 500194738**

Amount of Each Disbursement this Period

 20.00☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OSBORNE-MCPHERSON, GLORIA, , ,

Mailing Address 1 NANCY LN

City
JACKSONState
OHZip Code
45640-8825Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192931**

Amount of Each Disbursement this Period

 25.00☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OSBORNE-MCPHERSON, GLORIA, , ,

Mailing Address 1 NANCY LN

City
JACKSONState
OHZip Code
45640-8825Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192932**

Amount of Each Disbursement this Period

 25.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 70.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2870 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PACKARD, ELIZABETH, , ,

Mailing Address 3232 E 3RD ST

City
TUCSONState
AZZip Code
85716-4216Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193596

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PACKARD, ELIZABETH, , ,

Mailing Address 3232 E 3RD ST

City
TUCSONState
AZZip Code
85716-4216Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193597

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAIGE, GWENDOLYN, , ,

Mailing Address 30 VICTOR LN

City
SOUTH WINDSORState
CTZip Code
06074-3568Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192933

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

33.00

--

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. PAIGE, GWENDOLYN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 09 2025

FEC Identification Number

C C00401224

Transaction ID : 500192934

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Age Group	Percentage
18-24	10.00
25-34	10.00
35-44	10.00
45-54	10.00
55-64	10.00
65-74	10.00
75-84	10.00
85+	10.00

Memo Item

B. PAIGE, GWENDOLYN, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number



C	C00401224
---	-----------

Transaction ID : 500192935

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

7.00

Memo Item

C. PAIGE, GWENDOLYN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 09 2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192936

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

7.00

Memo Item

A diagram of a rectangular room. The top wall is marked with 12 evenly spaced tick marks. The bottom wall has 3 doors, each represented by a small rectangle with a semi-circle on the inside. The right wall is labeled with the number 24.00.

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2872 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PARISH, FLORENCE, , ,

Mailing Address 1708 AVENUE N

City
FORT PIERCEState
FLZip Code
34950-2078Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 05 / 2025

FEC Identification Number

C C00041224**Transaction ID : 500194739**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PARKER, JOHN, , ,

Mailing Address 168 MACKINLEY CIR

City
PAWLEYS ISLANDState
SCZip Code
29585-5644Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 09 / 2025

FEC Identification Number

C C00401224**Transaction ID : 500192937**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 10 / 2025

FEC Identification Number

C C00401224**Transaction ID : 500192938**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2873 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192939**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192940**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192941**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2874 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192942**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192943**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192944**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192945**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192946**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192947**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2876 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224
Transaction ID : 500192948

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224
Transaction ID : 500192949

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224
Transaction ID : 500192950

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C	C00401224
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Transaction ID : 500192954

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C	C00401224
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Transaction ID : 500192955

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C	C00401224
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Transaction ID : 500192956

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2879 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192957**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192958**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192959**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2880 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C	C00401224
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Transaction ID : 500193245

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193246

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PASSIKA, MARJORIE, , ,

Mailing Address 465 WATTS HOLLOW RD

City
BUFFALO VALLEYState
TNZip Code
38548-5462Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		11		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193247

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2881 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PAYNE, ELAINE, , ,

Mailing Address 15 THOREAU WAY

City
SUDBURYState
MAZip Code
01776-1031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193292**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAYNE, ELAINE, , ,

Mailing Address 15 THOREAU WAY

City
SUDBURYState
MAZip Code
01776-1031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193293**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERKINS, STEPHEN, , ,

Mailing Address 28 TRYON FARM LN

City
MICHIGAN CITYState
INZip Code
46360-2491Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193294**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

360.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2882 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192819**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192820**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192821**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2883 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192822**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192823**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIGG, CHARLES, , ,

Mailing Address 2726 E SUNSET DR

City
LAYTONState
UTZip Code
84040-8111Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192824**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2884 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192825**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192826**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192827**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2885 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192828**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192829**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192830**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2886 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. PIGG, CHARLES, , ,Mailing Address 606 ALAMO PINTADO RD
STE PM 3City
SOLVANGState
CAZip Code
93463-2296Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192831**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PLUMB, PETE, , ,

Mailing Address 3230 HYDE PARK AVE

City
CLEVELANDState
OHZip Code
44118-2132Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192832**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PLUMB, PETE, , ,

Mailing Address 3230 HYDE PARK AVE

City
CLEVELANDState
OHZip Code
44118-2132Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192833**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

65.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2887 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. POIRIER, JULIA, E, ,

Mailing Address 21 AUBURN AVE

City
SOMERVILLEState
MAZip Code
02145-4005Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		14		2025

FEC Identification Number

C

Transaction ID : 500194747

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PREISS, ROBERT, , ,

Mailing Address 3161 LANDMARK DR
APT 524City
CLEARWATERState
FLZip Code
33761-1948Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192960

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RABON, LAUREL, , ,

Mailing Address 424 S VANN ST

City
PRYORState
OKZip Code
74361-6237Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193295

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

270.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. RABON, LAUREL, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

FEC Identification Number

C C00401224

Transaction ID : 500193296

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

15.00

Memo Item

B. RALSTON, RANDY, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193446

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Memo Item

C. READER, MEG, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 27 2025

FEC Identification Number

C C00401224

Transaction ID : 500193566

Amount of Each Disbursement this Period

Category/Type

Disbursement For: ☐ Primary ☐ General

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

40.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2889 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. REHAK, SUSAN, J., ,

Mailing Address 5814 WOLF RD

City
WESTERN SPRGSState
ILZip Code
60558-2259Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : 500194744

Amount of Each Disbursement this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193567

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193568

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2890 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193569

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193570

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500193571

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2891 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193572**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193573**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193598**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

16.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2892 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. REINBOLT, VICKI, , ,

Mailing Address 10274 S MORGANTOWN RD

City
WOODBURNState
KYZip Code
42170-9631Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193599**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RICHTER, MARY, , ,

Mailing Address 203 RIVER MARSH CT

City
WOODSTOCKState
GAZip Code
30188-2377Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193297**

Amount of Each Disbursement this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICHTER, MARY, , ,

Mailing Address 203 RIVER MARSH CT

City
WOODSTOCKState
GAZip Code
30188-2377Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193298**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

155.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROOD, PAMELA, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 09 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192961

Amount of Each Disbursement this Period

25.00

 Memo Item

B. ROSEN, SIG, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193299

Amount of Each Disbursement this Period

5.00

Memo Item

C. ROSEN, SIG, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193300

Amount of Each Disbursement this Period

5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

35.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2894 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193301**

Amount of Each Disbursement this Period

9.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193302**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193303**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

19.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2895 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193304

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193305

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN, SIG, , ,Mailing Address 116 PINEHURST AVE
APT B61City
NEW YORKState
NYZip Code
10033-8808Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193306

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2896 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROSENTHAL, DEBRA, , ,Mailing Address 1 BRATENAHL PL
APT 1004City
CLEVELANDState
OHZip Code
44108-1155Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224
Transaction ID : 500192834

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROSENTHAL, DEBRA, , ,Mailing Address 1 BRATENAHL PL
APT 1004City
CLEVELANDState
OHZip Code
44108-1155Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224
Transaction ID : 500192835

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROSENTHAL, SUSAN, , ,

Mailing Address 7887 GOLF CIRCLE DR

City
MARGATEState
FLZip Code
33063-7360Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224
Transaction ID : 500193574

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROSENTHAL, SUSAN, , ,

Memo Item

B. ROSENTHAL, SUSAN, , ,

Three examples of the 3-2-1 rule for password creation are shown:

- MM / DD / YYYY: 02 / 26 / 2025
- DD / YY: 26 / 25
- YYMMYY: 250225

Memo Item

C. ROTH, NEAL, A., ,

Memo Item

110.00

[illegible]

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number



C C00401224

Transaction ID : 500192963

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

100.00

Memo Item

B. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number

114

C C00401224

Transaction ID : 500192964

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

Memo Item

C. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number

114

C C00401224

Transaction ID : 500192965

Amount of Each Disbursement this Period

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Memo Item

300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2899 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, NEAL, A., ,

Mailing Address 2525 PONCE DE LEON BLVD

City
CORAL GABLESState
FLZip Code
33134-6037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192966**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, NEAL, A., ,

Mailing Address 2525 PONCE DE LEON BLVD

City
CORAL GABLESState
FLZip Code
33134-6037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192967**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, NEAL, A., ,

Mailing Address 2525 PONCE DE LEON BLVD

City
CORAL GABLESState
FLZip Code
33134-6037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192968**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192969

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

100.00

Memo Item

B. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192970

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

100.00

Memo Item

C. ROTH, NEAL, A., ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500192971

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2901 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, NEAL, A., ,

Mailing Address 2525 PONCE DE LEON BLVD

City
CORAL GABLESState
FLZip Code
33134-6037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192972**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, NEAL, A., ,

Mailing Address 2525 PONCE DE LEON BLVD

City
CORAL GABLESState
FLZip Code
33134-6037Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192973**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192836**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROTH, STEVEN, , ,

State: District:

100.00

Memo Item

B. ROTH, STEVEN, , ,

State: District:

100.00

Memo Item

C. ROTH, STEVEN, , ,

State: District:

100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

300.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2903 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192840

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192841

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192842

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

266.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2904 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192843

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192844

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192845

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2905 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192846

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192847

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224
Transaction ID : 500192848

Amount of Each Disbursement this Period

250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

365.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2906 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192849

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192850

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192851

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

275.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROTH, STEVEN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192852

Amount of Each Disbursement this Period

100.00

Memo Item

B. ROTH, STEVEN, , ,

Date of Disbursement

The first label shows 'M M' above the number '02'. The second label shows 'D D' above the number '04'. The third label shows 'Y Y Y Y' above the year '2025'.

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192853

Amount of Each Disbursement this Period

15.00

Memo Item

C. ROTH, STEVEN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500192854

Amount of Each Disbursement this Period

100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

215.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2908 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192855**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192856**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192857**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2910 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192861**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192862**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192863**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

206.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2911 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192864**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192865**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192866**

Amount of Each Disbursement this Period

6.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. ROTH, STEVEN, , ,

State: District:

5.00

 Memo Item

B. ROTH, STEVEN, , ,

MM / DD / YYYY

State: District:

187.00

Memo Item

C. ROTH, STEVEN, , ,

State: District:

7.50

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

199.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2913 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192870**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192871**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192872**

Amount of Each Disbursement this Period

20.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

126.24

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. ROTH, STEVEN, , ,

Date of Disbursement

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500192873

Amount of Each Disbursement this Period

10.00

Memo Item

B. ROTH, STEVEN, , ,

Date of Disbursement

MM / DD / YYYY

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500192874

Amount of Each Disbursement this Period

100.00

Memo Item

C. ROTH, STEVEN, , ,

Date of Disbursement

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500192875

Amount of Each Disbursement this Period

100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

210.00

TOTAL This Period (last page this line number only).....

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2915 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192876**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192877**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192878**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

275.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192879**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192880**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192881**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

275.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2917 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192882

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192883

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192884

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

160.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2918 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ROTH, STEVEN, , ,

Mailing Address 24 CHICKERING DR

City
DOVERState
MAZip Code
02030-2100Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192885**

Amount of Each Disbursement this Period

235.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RUDNICK, KEN, , ,

Mailing Address 112 RED STONE RDG

City
WOODBURYState
NJZip Code
08096-4135Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192886**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RUDNICK, KEN, , ,

Mailing Address 112 RED STONE RDG

City
WOODBURYState
NJZip Code
08096-4135Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192887**

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

270.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2919 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. RUDNICK, KEN, , ,

Mailing Address 112 RED STONE RDG

City
WOODBURYState
NJZip Code
08096-4135Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192889

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RUDNICK, KEN, , ,

Mailing Address 112 RED STONE RDG

City
WOODBURYState
NJZip Code
08096-4135Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192888

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SAGMYR, ELLEN, , ,

Mailing Address 406 W LAMME ST

City
BOZEMANState
MTZip Code
59715-3431Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2025

FEC Identification Number

C	C00401224
---	-----------

Transaction ID : 500192890

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2920 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SALUD, IMELDA, LEYVA, ,

Mailing Address 34573 VANE CMN

City
FREMONTState
CAZip Code
94555-3652Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2025

FEC Identification Number

C C00401224**Transaction ID : 500192974**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193307**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193308**

Amount of Each Disbursement this Period

4.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

14.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2921 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193309**

Amount of Each Disbursement this Period

4.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C**Transaction ID : 500194527**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C**Transaction ID : 500194528**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2922 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

FEC Identification Number

C**Transaction ID : 500194529**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SCHMIDT, SANDRA, , ,Mailing Address 30160 OLINDA TRL
TRLR 301City
LINDSTROMState
MNZip Code
55045-8369Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 16 / 2025

FEC Identification Number

C**Transaction ID : 500194530**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SEIDEL, LORRAINE, , ,

Mailing Address 36853 HERRING WAY

City
SELBYVILLEState
DEZip Code
19975-3861Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025

FEC Identification Number

C C00401224**Transaction ID : 500193248**

Amount of Each Disbursement this Period

3.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

33.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2923 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SEREAL, HENRY, , ,

Mailing Address 6113 LIVORNO WAY

City
ELK GROVEState
CAZip Code
95757-3075Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C C00401224**Transaction ID : 500193217**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SHERADSKY, RUTH, , ,Mailing Address 13355 SW 16TH CT
E-215City
PEMBROKE PINESState
FLZip Code
33027-2435Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192891**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SHORTT, KENNETH, , ,

Mailing Address 9357 208TH ST

City
QUEENS VILLAGEState
NYZip Code
11428-1059Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193577**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

26.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2924 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SHORTT, KENNETH, , ,

Mailing Address 9357 208TH ST

City
QUEENS VILLAGEState
NYZip Code
11428-1059

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2025

FEC Identification Number

C C00401224**Transaction ID : 500193578**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SKELTON, SHARON, , ,

Mailing Address 3253 SUL ROSS ST

City
HOUSTONState
TXZip Code
77098-1929

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192892**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SKELTON, SHARON, , ,

Mailing Address 3253 SUL ROSS ST

City
HOUSTONState
TXZip Code
77098-1929

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192893**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2925 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SMITH, KATHLEEN, M, ,

Mailing Address 411 WALNUT ST
3154City
GREEN COVE SPRINGSState
FLZip Code
32043-3443Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193070

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SMITH, KATHLEEN, M, ,

Mailing Address 411 WALNUT ST
3154City
GREEN COVE SPRINGSState
FLZip Code
32043-3443Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	2			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193071

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SMITH, SUNNY, , ,

Mailing Address 2160 MAZE WAY

City
DIXONState
CAZip Code
95620-3954Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193310

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5	5	0	0										

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2926 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. SMITH, SUNNY, , ,

Mailing Address 2160 MAZE WAY

City
DIXONState
CAZip Code
95620-3954Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224

Transaction ID : 500193311

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SOLDOSKY, ALAN08-293, , ,

Mailing Address 500 S 14TH ST

City
SAN JOSEState
CAZip Code
95112-2318Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224

Transaction ID : 500193447

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STEVENS, TIM, , ,

Mailing Address 9161 N CORRAL LN

City
CASTLE ROCKState
COZip Code
80108-9127Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193579

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2927 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193072**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193073**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193074**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. STUMPF, BERNARD, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 13 2025

FEC Identification Number

C00401224

Transaction ID : 500193075

Amount of Each Disbursement this Period

100.00

 Memo Item

State:

District:

B. STUMPF, BERNARD, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193076

Amount of Each Disbursement this Period

100.00

Memo Item

State:

District:

C. STUMPF, BERNARD, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193077

Amount of Each Disbursement this Period

100.00

Memo Item

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

300.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2929 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193078

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193079

Amount of Each Disbursement this Period

187.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224
Transaction ID : 500193080

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

387.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2930 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193081

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193082

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193083

Amount of Each Disbursement this Period

100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2931 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193084**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193085**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193086**

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2932 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193087**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193088**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193089**

Amount of Each Disbursement this Period

50.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

170.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. STUMPF, BERNARD, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 13 2025

FEC Identification Number

C C00401224

Transaction ID : 500193090

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Age Group	Percentage
18-24	10.00%
25-34	10.00%
35-44	10.00%
45-54	10.00%
55-64	10.00%
65-74	10.00%
75-84	10.00%
85+	10.00%

Memo Item

B. STUMPF, BERNARD, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193091

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

50.00

Memo Item

C. STUMPF, BERNARD, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193092

Amount of Each Disbursement this Period

Category/

Disbursement For:

☐ Primary ☐ General

50.00

 [Meme Here](#)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

110.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2934 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193093**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193094**

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193095**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

195.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2935 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193096

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193097

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193098

Amount of Each Disbursement this Period

20.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2936 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193099

Amount of Each Disbursement this Period

188.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193100

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193101

Amount of Each Disbursement this Period

25.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

233.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2937 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193102

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193103

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C C00401224

Transaction ID : 500193104

Amount of Each Disbursement this Period

75.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2938 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193105**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193250**

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224**Transaction ID : 500193251**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2939 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193252

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193253

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193254

Amount of Each Disbursement this Period

200.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2940 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193255

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193256

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STUMPF, BERNARD, , ,

Mailing Address 25 LITTLEBROOK RD

City
WESTERLYState
RIZip Code
02891-3635Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2025

FEC Identification Number

C C00401224

Transaction ID : 500193257

Amount of Each Disbursement this Period

250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. TERRAZAS, RAUL, , ,

Date of Disbursement



FEC Identification Number

C C00401224

Transaction ID : 500193600

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

3.00

 Memo Item

B. THOMASON, GREG, , ,

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C C00401224

Transaction ID : 500193218

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) _____

6.00

Memo Item

C. THOMASON, GREG, , ,

Date of Disbursement



FEC Identification Number

C C00401224

Transaction ID : 500193219

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

6.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2942 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THOMASON, GREG, , ,

Mailing Address 6707 GRANDVIEW AVE

City
ARVADAState
COZip Code
80002-2613

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2025

FEC Identification Number

C C00401224**Transaction ID : 500193220**

Amount of Each Disbursement this Period

6.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THOMPSON, MALCOLM, , ,Mailing Address 2244 BLACH PL
STE 150City
SAN JOSEState
CAZip Code
95131-2060

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192894**

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMPSON, MALCOLM, , ,Mailing Address 2244 BLACH PL
STE 150City
SAN JOSEState
CAZip Code
95131-2060

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		02		2025

FEC Identification Number

C C00401224**Transaction ID : 500192895**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

36.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2943 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. THOMPSON, MALCOLM, , ,

Mailing Address 2244 BLACH PL
STE 150City
SAN JOSEState
CAZip Code
95131-2060Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500192896

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THOMPSON, MALCOLM, , ,

Mailing Address 2244 BLACH PL
STE 150City
SAN JOSEState
CAZip Code
95131-2060Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	2			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500192897

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THOMPSON, MALCOLM, , ,

Mailing Address 2244 BLACH PL
STE 150City
SAN JOSEState
CAZip Code
95131-2060Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	2	5		

FEC Identification Number

C C00401224
Transaction ID : 500192898

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192976

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192977

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192978

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2946 OF 2977

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192979

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192980

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VILLARREAL, DANIEL, , ,

Mailing Address 1047 W GRANGER AVE

City
MODESTOState
CAZip Code
95350-4162

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2025

FEC Identification Number

C C00401224

Transaction ID : 500192981

Amount of Each Disbursement this Period

15.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2947 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WALTON, TIFFANY, , ,Mailing Address 3209 E 10TH ST
APT U10City
BLOOMINGTONState
INZip Code
47408-2550Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2025

FEC Identification Number

C C00401224**Transaction ID : 500192899**

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARD SR., CARLOS E., , ,

Mailing Address 2 BRIAR CT

City
MILFORDState
DEZip Code
19963-3900Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193313**

Amount of Each Disbursement this Period

12.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARD, CARL, , ,Mailing Address 3230 CALUMET DR
APT ACity
RALEIGHState
NCZip Code
27610-1912Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193312**

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38.50

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2948 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. **WARING, LYNN, , ,**

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193448

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. **WARING, LYNN, , ,**

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193449

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. **WARING, LYNN, , ,**

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224
Transaction ID : 500193450

Amount of Each Disbursement this Period

5.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2949 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WARING, LYNN, , ,

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193451**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WARING, LYNN, , ,

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193465**

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WARING, LYNN, , ,

Mailing Address 3525TH CIR

City
WESTMINSTERState
COZip Code
80031Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193466**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WELLS, WILLIAM, , ,

B. WEST, NORMAN, , ,

10.00

C. WEST, NORMAN, , ,

Diagram showing three 12-pin D-sub connectors. The first connector has pins labeled M, M, 02. The second connector has pins labeled D, D, 16. The third connector has pins labeled Y, Y, Y, Y, 2025.

5.00

21.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2951 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193316**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193317**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193318**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2952 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193319**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193320**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

City
RONKONKOMAState
NYZip Code
11779-2109Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224**Transaction ID : 500193321**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WEST, NORMAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193322

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.00%
25-34	10.00%
35-44	10.00%
45-54	10.00%
55-64	10.00%
65-74	10.00%
75-84	10.00%
85+	10.00%

 Memo Item

B. WEST, NORMAN, , ,

Date of Disbursement

MM / DD / YYYY

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) _____

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193323

Amount of Each Disbursement this Period

10.00

Memo Item

C. WEST, NORMAN, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193324

Amount of Each Disbursement this Period

10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

30.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. WEST, NORMAN, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 16 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193325

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	2.5%
25-34	3.5%
35-44	4.5%
45-54	5.5%
55-64	6.5%
65-74	7.5%
75+	8.5%

 Memo Item

B. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

Date of Disbursement

MM / DD / YYYY

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) _____

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193326

Amount of Each Disbursement this Period

10.00

Memo Item

C. WEST, NORMAN, , ,

Mailing Address 31 WARNER LN

Date of Disbursement

MM / DD / YYYY

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193327

Amount of Each Disbursement this Period

10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

30.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2955 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WHITFORD, WILLIAM, , ,

Mailing Address 11805 LISBOROUGH RD

City
BOWIEState
MDZip Code
20720-3423Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		16		2025

FEC Identification Number

C C00401224
Transaction ID : 500193328

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WICKRAMASINGHE, KUMI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193468

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WICKRAMASINGHE, KUMI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193469

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WICKRAMASINGHE, KUMI, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 24 2025

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193470

Amount of Each Disbursement this Period

10.00

 Memo Item

B. WICKRAMASINGHE, KUMI, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193472

Amount of Each Disbursement this Period

5.00

Memo Item

C. WICKRAMASINGHE, KUMI, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

FEC Identification Number

C C00401224

Transaction ID : 500193473

Amount of Each Disbursement this Period

10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Diagram of a 25.00m race track with 8 lanes. Lane 1 is marked with a '1' and a '25.00' label. Lane 8 is marked with an '8'.

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WICKRAMASINGHE, KUMI, , ,

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

FEC Identification Number

C C00401224

Transaction ID : 500193474

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	2.5%
25-34	3.5%
35-44	4.5%
45-54	5.5%
55-64	6.5%
65-74	7.5%
75-84	8.5%
85+	9.5%

 Memo Item

B. WICKRAMASINGHE, KUMI, , ,

Mailing Address 201 KEEHNER AVE

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500193476

Amount of Each Disbursement this Period

10.00

Memo Item

C. WICKRAMASINGHE, KUMI, , ,

Mailing Address 201 KEEHNER AVE

Date of Disbursement

Purpose of Disbursement	CONTRIBUTION REFUND
-------------------------	---------------------

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00401224

Transaction ID : 500193477

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

25.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WICKRAMASINGHE, KUMI, , ,

State: District:

Memo Item

B. WICKRAMASINGHE, KUMI, , ,

State: District:

5.00

Memo Item

C. WICKRAMASINGHE, KUMI, , ,



State: District:

10.00

Memo Item

25.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WICKRAMASINGHE, KUMI, , ,

State: District:

Memo Item

B. WICKRAMASINGHE, KUMI, , ,

State: District:

10.00

Memo Item

C. WICKRAMASINGHE, KUMI, , ,



State: District:

10.00

Memo Item

25.00

	21b		22		23		26		27
X	28a		28b		28c		29		30b

DCCC

A. WICKRAMASINGHE, KUMI, , ,

State: District:

 Memo Item

B. WICKRAMASINGHE, KUMI, , ,

State: District:

10.00

Memo Item

C. WICKRAMASINGHE, KUMI, , ,

State: District:

5.00

Memo Item

25.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2963 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WICKRAMASINGHE, KUMUDINI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193471**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WICKRAMASINGHE, KUMUDINI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193475**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WICKRAMASINGHE, KUMUDINI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193480**

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2964 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WICKRAMASINGHE, KUMUDINI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193481**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WICKRAMASINGHE, KUMUDINI, , ,

Mailing Address 201 KEEHNER AVE

City
ROSEVILLEState
CAZip Code
95678-3312

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224**Transaction ID : 500193484**

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLIAMS, BOBBY, , ,

Mailing Address 18720 PENCIL CACTUS DR

City
PFLUGERVILLEState
TXZip Code
78660-5354

Purpose of Disbursement

CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2025

FEC Identification Number

C C00401224**Transaction ID : 500193601**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

110.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 2965 OF 2977

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WILSON SR., COLUMBUS, , ,Mailing Address 638 FRESH POND AVE
UNIT 321City
CALVERTONState
NYZip Code
11933-1194Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193221

Amount of Each Disbursement this Period

3.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILSON, JANET, , ,Mailing Address 67 CAROL LN
APT 379City
OAKLEYState
CAZip Code
94561-4461Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 26 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193582

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WOOD, KIRKHAM, , ,Mailing Address 26 MOUNT VERNON ST
UNIT 2RCity
BOSTONState
MAZip Code
02108-1432Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 11 / 2025

FEC Identification Number

C C00401224

Transaction ID : 500193249

Amount of Each Disbursement this Period

50.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

64.00

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input checked="" type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

DCCC

A. WOODIER, CAROLE, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 28 2025

FEC Identification Number

C C00401224
Transaction ID : 500193602

Amount of Each Disbursement this Period

7.00

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

 Memo Item

B. WOODIER, CAROLE, , ,

Date of Disbursement

M M / D D / Y Y Y Y
02 28 2025

FEC Identification Number

C C00401224

Transaction ID : 500193603

Amount of Each Disbursement this Period

7.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Memo Item

C. WOODIER, CAROLE, , ,

Date of Disbursement

FEC Identification Number

C C00401224

Transaction ID : 500193604

Amount of Each Disbursement this Period

7.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Memo Item

21.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WORDLAW, ELEANOR, , ,Mailing Address 915 W 9TH ST
APT 5City
RUSSELLVILLEState
KYZip Code
42276-9770Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193453**

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WORDLAW, ELEANOR, , ,Mailing Address 915 W 9TH ST
APT 5City
RUSSELLVILLEState
KYZip Code
42276-9770Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193454**

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WORDLAW, ELEANOR, , ,Mailing Address 915 W 9TH ST
APT 5City
RUSSELLVILLEState
KYZip Code
42276-9770Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2025

FEC Identification Number

C C00401224**Transaction ID : 500193455**

Amount of Each Disbursement this Period

1.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2968 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. WRIGHT, RONALD, , ,

Mailing Address 2329 CLUB RD

City
CHARLOTTEState
NCZip Code
28205-3673Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2025

FEC Identification Number

C C00401224

Transaction ID : 500193222

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. YELESWARAPU, SUNITA, , ,

Mailing Address 37 ELMARA DR

City
BRIDGEWATERState
NJZip Code
08807-5668Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193583

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. YELESWARAPU, SUNITA, , ,

Mailing Address 37 ELMARA DR

City
BRIDGEWATERState
NJZip Code
08807-5668Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PAC

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224

Transaction ID : 500193584

Amount of Each Disbursement this Period

10.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

45.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. YELESWARAPU, SUNITA, , ,

Mailing Address 37 ELMARA DR

City
BRIDGEWATERState
NJZip Code
08807-5668Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		26		2025

FEC Identification Number

C C00401224
Transaction ID : 500193585

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ZAPATA, KAREN, , ,

Mailing Address 2916 ROCKBROOK DR

City
CHARLOTTEState
NCZip Code
28211-2642Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

ACTBLUE PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2025

FEC Identification Number

C C00401224
Transaction ID : 500193495

Amount of Each Disbursement this Period

1.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11.00

28739.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2970 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. COX ENTERPRISES PAC COXPACMailing Address 975 F ST NW
STE 300City
WASHINGTONState
DCZip Code
20004Purpose of Disbursement
CONTRIBUTION REFUND

010

Category/
Type

Candidate Name

COX ENTERPRISES PAC COXPAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1						2	0

FEC Identification Number

C

Transaction ID : SB28C-10938

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2971 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		07		2025

FEC Identification Number

C

Transaction ID : SB29-109357

Amount of Each Disbursement this Period

37551.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARKOWITZ HERBOLD PCMailing Address 1455 SW BROADWAY
SUITE 1900City
PORTLANDState
ORZip Code
97201Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		07		2025

FEC Identification Number

C

Transaction ID : SB29-109357

Amount of Each Disbursement this Period

1355.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MILLER CANFIELD PADDOCK AND STONE, P.L.C.Mailing Address 150 W JEFFERSON AVE
STE 2500City
DETROITState
MIZip Code
48226Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
02		07		2025

FEC Identification Number

C

Transaction ID : SB29-109357

Amount of Each Disbursement this Period

15918.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

54824.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2972 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

RECOUNT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	9			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109408

Amount of Each Disbursement this Period

0.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. JOHN & LILLIAN MILES LEWIS FOUNDATION, INC

Mailing Address 44869 PO BOX

City
ATLANTAState
GAZip Code
30336

Purpose of Disbursement

DONATION

Candidate Name

012
Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109360

Amount of Each Disbursement this Period

4850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132

Purpose of Disbursement

RECOUNT PROCESSING FEES

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	6			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109408

Amount of Each Disbursement this Period

1.51

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4852.31

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2973 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. KREVOLIN & HORST, LLCMailing Address 1201 W PEACHTREE ST NW
SUITE 3250City
ATLANTAState
GAZip Code
30309Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	1			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29-109382**

Amount of Each Disbursement this Period

3859.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE TECHNICAL SERVICES

Mailing Address 366 SUMMER STREET

City
SOMERVILLEState
MAZip Code
02144-3132Purpose of Disbursement
RECOUNT PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	5			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29-109388!**

Amount of Each Disbursement this Period

0.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C**Transaction ID : SB29-109394**

Amount of Each Disbursement this Period

42993.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46854.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2974 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109394

Amount of Each Disbursement this Period

19689.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109394

Amount of Each Disbursement this Period

1254.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C Transaction ID : SB29-109394

Amount of Each Disbursement this Period

57884.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

78828.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2975 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29-109394

Amount of Each Disbursement this Period

4161.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29-109395

Amount of Each Disbursement this Period

2450.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8		2	0	2	5		

FEC Identification Number

C

Transaction ID : SB29-109395

Amount of Each Disbursement this Period

11178.40

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17790.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 2976 OF 2977

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DCCC

Full Name (Last, First, Middle Initial)

A. ELIAS LAW GROUP LLPMailing Address 250 MASSACHUSETTS AVE NW
SUITE 400City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB29-109395**

Amount of Each Disbursement this Period

 225.60☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHITWORTH CIGARROA PLLCMailing Address 602 E CALTON RD
STE 201City
LAREDOState
TXZip Code
78041Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB29-109395**

Amount of Each Disbursement this Period

 512.50☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WHITWORTH CIGARROA PLLCMailing Address 602 E CALTON RD
STE 201City
LAREDOState
TXZip Code
78041Purpose of Disbursement
RECOUNT LEGAL SVCS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	2	5		

FEC Identification Number

C **Transaction ID : SB29-109395**

Amount of Each Disbursement this Period

 175.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

913.10

204061.82

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC-9415

DCCC

LOAN SOURCE Full Name (Last, First, Middle Initial)
BANK OF AMERICA, N.A.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 1800 K STREET, NW

City

WASHINGTON

State

DC

ZIP Code

20006

Original Amount of Loan

20000000.00

Cumulative Payment To Date

7500000.00

Balance Outstanding at Close of This Period

12500000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y Y Y
09 / 16 / 2024

Date Due

M M / D D / Y Y Y Y Y Y

09/15/2025

Interest Rate

SOFR+2.32 % (apr)

Secured:

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

12500000.00

TOTALS This Period (last page in this line only)..... ►

12500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.