

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Vote for Terwey

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1990.00	7632.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1990.00	7632.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2007.91	4748.80
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2007.91	4748.80
8. Cash on Hand at Close of Reporting Period (from Line 27)	3483.20	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	600.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vote for Terwey

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1133.00	3083.00
(ii) Unitemized.....	857.00	4549.00
(iii) TOTAL of contributions from individuals ▶	1990.00	7632.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1990.00	7632.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	600.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	600.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1990.00	8232.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2007.91	4748.80
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2007.91	4748.80

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3501.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1990.00
25. SUBTOTAL (add Line 23 and Line 24).....	5491.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2007.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3483.20

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 12	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)
Vote for Terwey

A. Full Name (Last, First, Middle Initial)
Carrow, Jessica, , ,

Mailing Address 9531 Orient Drive

City Huntington Beach	State CA	Zip Code 92646
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FEC ID number of contributing federal political committee. **C**

Name of Employer SCPI	Occupation Investigator
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2025

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked through Act Blue

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

Mailing Address P.O. Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee. **C** C00401224

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

Election Cycle-to-Date ▼
2567.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 02 / 2025

Transaction ID : SA11AI.4374.0

Amount of Each Receipt this Period
100.00

Memo Item
Total earmarked through conduit. Limit not affected.

C. Full Name (Last, First, Middle Initial)
Carrow, Jessica, , ,

Mailing Address 9531 Orient Drive

City Huntington Beach	State CA	Zip Code 92646
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FEC ID number of contributing federal political committee. **C**

Name of Employer SCPI	Occupation Investigator
--------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2025

Transaction ID : SA11AI.4382

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked through Act Blue

SUBTOTAL of Receipts This Page (optional)..... ▶	200.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Vote for Terwey

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 962017

City: Boston State: MA Zip Code: 02196

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

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2975.00

Date of Receipt: 12 / 07 / 2025

Transaction ID : SA11AI.4382.0

Amount of Each Receipt this Period: 100.00

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
Carrow, Jessica, , ,

Mailing Address 9531 Orient Drive

City: Huntington Beach State: CA Zip Code: 92646

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

Name of Employer: Occupation: SCPI Investigator

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt: 12 / 31 / 2025

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period: 100.00

Memo Item
Earmarked through Act Blue

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 962017

City: Boston State: MA Zip Code: 02196

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

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3480.00

Date of Receipt: 12 / 31 / 2025

Transaction ID : SA11AI.4390.0

Amount of Each Receipt this Period: 100.00

Memo Item
Total earmarked through conduit. Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 12	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Vote for Terwey

A. Full Name (Last, First, Middle Initial)
Gilkey, Gregory, , ,

Mailing Address 1005 Trisha Ln

City Norman	State OK	Zip Code 73072
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FEC ID number of contributing federal political committee. **C**

Name of Employer OG+E	Occupation Utility dispatcher
--------------------------	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
219.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 14 / 2025

Transaction ID : SA11AI.4378

Amount of Each Receipt this Period
83.00

Memo Item
Earmarked through Act Blue

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

Mailing Address P.O. Box 962017

City Boston	State MA	Zip Code 02196
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FEC ID number of contributing federal political committee. **C** C00401224

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

Election Cycle-to-Date ▼
2820.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 16 / 2025

Transaction ID : SA11AI.4378.0

Amount of Each Receipt this Period
83.00

Memo Item
Total earmarked through conduit. Limit not affected.

C. Full Name (Last, First, Middle Initial)
Rutledge, Kathleen, , ,

Mailing Address 519 Lee Drive

City Bartlesville	State OK	Zip Code 74006
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2025

Transaction ID : SA11AI.4388

Amount of Each Receipt this Period
250.00

Memo Item
Earmarked through Act Blue

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

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

333.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 12
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Vote for Terwey

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. Box 962017

City Boston State MA Zip Code 02196

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3375.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2025

Transaction ID : SA11AI.4388.0

Amount of Each Receipt this Period
250.00

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
Smith, Carol, , ,

Mailing Address 1209 Harris Dr

City Bartlesville State OK Zip Code 74006

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

Name of Employer Occupation
none retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 23 / 2025

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	1133.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Vote for Terwey

Full Name (Last, First, Middle Initial) A. Bonfire Funds, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address 3420 Pump Rd, Mailbox #351		FEC Identification Number C
City Henrico	State VA	Zip Code 23233
Purpose of Disbursement t-shirts with campaign logo for resale		Amount of Each Disbursement this Period 456.40
Candidate Name		Transaction ID : SB17.4437
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Briggs Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 505 S 2nd Street		FEC Identification Number C
City McAlester	State OK	Zip Code 74501
Purpose of Disbursement Printing - remittance envelopes		Amount of Each Disbursement this Period 194.61
Candidate Name		Transaction ID : SB17.4428
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Briggs Printing		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 505 S 2nd Street		FEC Identification Number C
City McAlester	State OK	Zip Code 74501
Purpose of Disbursement Printing - rack cards		Amount of Each Disbursement this Period 204.60
Candidate Name		Transaction ID : SB17.4429
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	855.61
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 12	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Vote for Terwey

Full Name (Last, First, Middle Initial) A. Grassroots Analytics, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address 806 7th St NW Ste 3		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Fundraising Consulting		Amount of Each Disbursement this Period 250.00
Candidate Name		Transaction ID : SB17.4435
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. My Campaign Store LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 304 WHITTINGTON PKWY 107		FEC Identification Number C
City Louisville	State KY	Zip Code 40222
Purpose of Disbursement yard signs		Amount of Each Disbursement this Period 611.25
Candidate Name		Transaction ID : SB17.4431
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Run!		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 47 Bergen Street		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Website services - monthly maintenance fee		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.4421
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	911.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 12			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Vote for Terwey

Full Name (Last, First, Middle Initial) A. Run!		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2025
Mailing Address 47 Bergen Street		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Website services - monthly maintenance fee		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.4422
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Run!		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 47 Bergen Street		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11201
Purpose of Disbursement Website services - monthly maintenance fee		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.4423
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	1866.86

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4148
Vote for Terwey

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Terwey, Erik, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1432 S. Keeler Ave.		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Bartlesville	State OK	<input type="checkbox"/> Personal Funds of the Candidate
ZIP Code 74003		

Original Amount of Loan <input type="text" value="600.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="600.00"/>
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2025"/>	<input type="text" value="On Demand"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="600.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text" value="600.00"/>

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