

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

LONG FOR SENATE 2026

ADDRESS (number and street)

PO BOX 573



Check if different than previously reported. (ACC)

EDWARDSVILLE

IL

62025

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00904516

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

STATE ▼ DISTRICT

IL

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2025

through

M M / D D / Y Y Y Y

09 / 30 / 2025

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

Type or Print Name of Treasurer Baker, Harvey, , ,

Signature of Treasurer

Baker, Harvey, , ,

Date

M M / D D / Y Y Y Y

03 / 13 / 2026

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LONG FOR SENATE 2026

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 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))	5946.28	11951.57
(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))	5946.28	11951.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6132.88	9464.18
(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))	6132.88	9464.18
8. Cash on Hand at Close of Reporting Period (from Line 27)	3294.13	
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)	2637.99	

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

LONG FOR SENATE 2026

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**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).....

4201.71

8980.57

(ii) Unitemized

1744.57

2971.00

(iii) TOTAL of contributions
from individuals ▶

5946.28

11951.57

(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))..

5946.28

11951.57

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

2637.99

(b) All Other Loans.....

0.00

0.00

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

0.00

2637.99

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)..... ▶

5946.28

14589.56

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.....	6132.88	9464.18
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	1043.74	1831.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7176.62	11295.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4524.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5946.28
25. SUBTOTAL (add Line 23 and Line 24).....	10470.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7176.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3294.13

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 19

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

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

NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

Cobb, Diana, , ,

A. Mailing Address 1481 Meadow Lark Drive

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided

Occupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 20 2025

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Greenberg, Lawrence, , ,

B. Mailing Address 9727 Gross Point Road

City

Skokie

State

IL

Zip Code

60076

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided

Occupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 01 2025

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

260.73

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Hoover, Shawn, , ,

C. Mailing Address 22275 482nd St

City

Pittsfield

State

IL

Zip Code

62363

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided

Occupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

424.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 26 2025

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

424.00

☐ Memo Item
joint contribution (presumptively attributed)

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

1684.73

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

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

PAGE 6 OF 19

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

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

Mitchell, James, C, ,

A.

Mailing Address 1557 Cardinal St

City

Lindenhurst

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
not providedOccupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	5	

Transaction ID : SA11AI.4197

Amount of Each Receipt this Period

300.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Mitchell, James, C, ,

B.

Mailing Address 1557 Cardinal St

City

Lindenhurst

State

IL

Zip Code

60046

FEC ID number of contributing
federal political committee.

C

Name of Employer
not providedOccupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

100.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Patterton, Tom, , ,

C.

Mailing Address 4015 Galatia Road

City

Galatia

State

IL

Zip Code

62935

FEC ID number of contributing
federal political committee.

C

Name of Employer
not providedOccupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

500.00

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

900.00

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)

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

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

Phillips, Richard, , ,

A.

Mailing Address 2120 Friendship Place

City

Rock Island

State

IL

Zip Code

61204

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided

Occupation
not provided

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
08 11 2025

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

500.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Powell, Ms, , ,

B.

Mailing Address 3521 Laurel Fort Meade Road

City

Laurel

State

MD

Zip Code

20724

FEC ID number of contributing
federal political committee.

C

Name of Employer
not provided

Occupation
not provided

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 16 2025

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

75.00

☐ Memo Item
donation

Full Name (Last, First, Middle Initial)

Smith, Victor, , ,

C.

Mailing Address 12 Saffrin Hill Ct

City

Glen Carbon

State

IL

Zip Code

62034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victor Smith, Attorney at Law

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2025

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period

1041.98

☐ Memo Item
Donation

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

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

1616.98

4201.71

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

41.98

Transaction ID : SB17.4514

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.73

Transaction ID : SB17.4515

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.48

Transaction ID : SB17.4516

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

47.19

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.48

Transaction ID : SB17.4517

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4518

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.30

Transaction ID : SB17.4519

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

8.08

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.40

Transaction ID : SB17.4520

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.40

Transaction ID : SB17.4521

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.35

Transaction ID : SB17.4522

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

6.15

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4523

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.73

Transaction ID : SB17.4524

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.73

Transaction ID : SB17.4526

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

12.76

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.48

Transaction ID : SB17.4527

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4528

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.30

Transaction ID : SB17.4529

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

9.08

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.35

Transaction ID : SB17.4530

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.40

Transaction ID : SB17.4531

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AnedotMailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4532

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

5.05

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. Colonail Cafe

Mailing Address 1101 South Washington Street

City
NapervilleState
ILZip Code
60540Purpose of Disbursement
event

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

228.14

Transaction ID : SB17.4205

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Doubletree Hotels

Mailing Address 2111 Butterfield Road

City
Downers GroveState
ILZip Code
60515Purpose of Disbursement
Hotel stay

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

425.91

Transaction ID : SB17.4207

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Embassy Suites

Mailing Address 1145 Lake Cook Road

City
DeerfieldState
ILZip Code
60062Purpose of Disbursement
Hotel stay

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

214.10

Transaction ID : SB17.4209

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

868.15

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. Holiday Inn Express & Suites

Mailing Address 222 Gore Road

Date of Disbursement

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

City
MorrisState
ILZip Code
60450

FEC Identification Number

C

Purpose of Disbursement
Hotel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

461.88

Transaction ID : SB17.4211

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. IL Tollway-Ipass

Mailing Address P.O.Box 1412

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	5

City
Downers GroveState
ILZip Code
60515

FEC Identification Number

C

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

286.90

Transaction ID : SB17.4213

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. IL Tollway-Ipass

Mailing Address P.O.Box 1412

Date of Disbursement

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

City
Downers GroveState
ILZip Code
60515

FEC Identification Number

C

Purpose of Disbursement
travel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.4214

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

768.78

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

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

PAGE 16 OF 19

☒ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. Moo Print

Mailing Address 25 Fairmount Ave

Date of Disbursement

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

City
East ProvidenceState
RIZip Code
02914

FEC Identification Number

C

Purpose of Disbursement
advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

441.00

Transaction ID : SB17.4217

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Moo Print

Mailing Address 25 Fairmount Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2025

City
East ProvidenceState
RIZip Code
02914

FEC Identification Number

C

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

178.69

Transaction ID : SB17.4218

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Ontimetel

Mailing Address 725 N Hwy A1A Suite C 203

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2025

City
JupiterState
FLZip Code
33477

FEC Identification Number

C

Purpose of Disbursement
marketing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

299.99

Transaction ID : SB17.4220

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

919.68

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 PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 19

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)

A. Ontimetel

Mailing Address 725 N Hwy A1A Suite C 203

City
JupiterState
FLZip Code
33477Purpose of Disbursement
marketing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

61.80

Transaction ID : SB17.4221

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ontimetel

Mailing Address 725 N Hwy A1A Suite C 203

City
JupiterState
FLZip Code
33477Purpose of Disbursement
marketing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

161.92

Transaction ID : SB17.4222

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OTCEAP CUSTOMPRINTS

Mailing Address 11525AStonehallow Dr Ste 100

City
AustinState
TXZip Code
78758Purpose of Disbursement
marketing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1176.80

Transaction ID : SB17.4224

☐ Memo Item

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

1400.52

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

4045.44

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Transaction ID : SC/10.4381

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

LONG, PAMELA, , ,

Mailing Address

P O Box 573

City

EDWARDSVILLE

State

IL

ZIP Code

62025

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 07 / 2025

M M / D D / Y Y Y Y

11/17/2026

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1500.00

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

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

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

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Transaction ID : SC/10.4380

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

Election: 2026

LONG, PAMELA, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P O Box 573

City

EDWARDSVILLE

State

IL

ZIP Code

62025

☒ Personal Funds of the Candidate

Original Amount of Loan

1137.99

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1137.99

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 29 / 2025

M M / D D / Y Y Y Y

11/17/2026

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1137.99

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

2637.99

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