

**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

SHREVE FOR CONGRESS

ADDRESS (number and street)

PO BOX 17182

Check if different
than previously
reported. (ACC)

SOUTHPORT

IN

46227

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00870949

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

IN

06

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
11 / 26 / 2024

through

M M / D D / Y Y Y Y
12 / 31 / 2024

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

Type or Print Name of Treasurer

MARTIN, KEVIN, , ,

Signature of Treasurer

MARTIN, KEVIN, , ,

Date

M M / D D / Y Y Y Y
12 / 26 / 2025

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

SHREVE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 26 / 2024

To:

M M / D D / Y Y Y Y
12 / 31 / 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	10500.00	13500.00
(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))	10500.00	13500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	58344.53	81632.02
(b) Total Offsets to Operating Expenditures (from Line 14)	2.56	2.79
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	58341.97	81629.23
8. Cash on Hand at Close of Reporting Period (from Line 27)	131714.79	
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)	5900000.00	

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

SHREVE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 26 2024

To:

M M / D D / Y Y Y Y
12 31 2024**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

1500.00

2500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals ▶

1500.00

2500.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

9000.00

11000.00

(d) The Candidate

0.00

0.00

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

10500.00

13500.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

2.56

2.79

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)..... ▶

10502.56

13502.79

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.....

58344.53

81632.02

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) ►

58344.53

81632.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

179556.76

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

10502.56

25. SUBTOTAL (add Line 23 and Line 24).....

190059.32

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

58344.53

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

131714.79

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

PAGE 5 OF 33

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

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

NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

BLEIBERG, PAUL, E., ,

A.Mailing Address 2401 CALVERT ST NW
APT 321

City

WASHINGTON

State

DC

Zip Code

20008-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

NATIONAL MILK PRODUCERS FEDERATION

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A7A65E0F9AB784F83BF1

Amount of Each Receipt this Period

500.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

HODGE, JAMES, , ,

B.Mailing Address 113 W WAYNE ST
APT 307

City

FORT WAYNE

State

IN

Zip Code

46802-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARROWSMITH, LLC

Occupation

MONEY MANAGEMENT

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		30		2024

Transaction ID : A7ED01D4BCB3543EF89F

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼☐ General

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)..... ▶

1500.00

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

1500.00

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 33

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

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

NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALTRIA GROUP, INC. PAC (ALTRIAPAC)

Mailing Address 101 CONSTITUTION AVE NW
STE 400WCity
WASHINGTONState
DCZip Code
20001-2155FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2024

Transaction ID : A08D8BDA04D8044689F7

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

ELEVANCE HEALTH, INC. PAC (ELEVANCE HEALTH PAC)

Mailing Address 1001 PENNSYLVANIA AVE NW
STE 710City
WASHINGTONState
DCZip Code
20004-2513FEC ID number of contributing
federal political committee.

C C00197228

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 23 2024

Transaction ID : A7A9268BD48CD4D459E0

Amount of Each Receipt this Period

1500.00

☐ Memo Item

2024 GENERAL DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

FEDEX CORPORATION PAC

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117FEC ID number of contributing
federal political committee.

C C00068692

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 31 2024

Transaction ID : AAAE2C57556A040C3BA5

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

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

3500.00

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

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

PAGE 7 OF 33

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

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

NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENTMailing Address 800 17TH ST NW
STE 1100City
WASHINGTONState
DCZip Code
20006-3962

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A4E7E51896859441196F

FEC ID number of contributing
federal political committee.**C** C00171330

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20005-4171

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : A5E0A44A07D0648CB8FA

FEC ID number of contributing
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC PAC (TOYOTA/LEXUS PAC)Mailing Address 325 7TH ST NW
STE 1000City
WASHINGTONState
DCZip Code
20004-2801

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		23		2024

Transaction ID : AAAF6CB034E5D4EB3AF4

FEC ID number of contributing
federal political committee.**C** C00542365

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

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

3000.00

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

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

PAGE 8 OF 33

☐ 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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

UNITED STATES BEET SUGAR ASSOCIATION PAC

A.

Mailing Address 50 F ST NW
STE 675City
WASHINGTONState
DCZip Code
20001-1533FEC ID number of contributing
federal political committee.

C C00063586

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 23 2024

Transaction ID : A654D30578A96471EBC8

Amount of Each Receipt this Period

2500.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

2500.00

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

9000.00

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

PAGE 9 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

34.95

Transaction ID : B450AF7959B0441AEA71

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

23.04

Transaction ID : BC4AB14C03224483F989

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

38.46

Transaction ID : BA4896275A2EE4A6FB24

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

96.45

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

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

PAGE 10 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BISHOP, JEFFREY, , ,

Mailing Address PO BOX 17182

City
INDIANAPOLISState
INZip Code
46217-0182Purpose of Disbursement
REIMBURSEMENT - SEE MEMOS

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
1	2		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1374.57

Transaction ID : BC65310B6AEA9415AA36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HILTON HOTELS

Mailing Address 7930 JONES BRANCH DR

City
MC LEANState
VAZip Code
22102-3388Purpose of Disbursement
TRAVEL HOTEL

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
1	2		0	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

152.88

Transaction ID : B3B803100BBB34BCF824

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
76155-1801Purpose of Disbursement
TRAVEL TRANSPORTATION

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
1	2		1	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

662.96

Transaction ID : B5158411CF2E14DA2A8B

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

1374.57

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 11 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City
NEWPORTState
KYZip Code
41072-0100Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

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
1	2		0	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2475.00

Transaction ID : BB51E5675F7B84092A8B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX CORPORATE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117Purpose of Disbursement
SHIPPING/DELIVERY

001

Candidate Name

Category/
Type

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
1	2		0	5		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

277.72

Transaction ID : B6D5E844217744342B99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FEDEX CORPORATE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117Purpose of Disbursement
SHIPPING/DELIVERY

001

Candidate Name

Category/
Type

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
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

2.70

Transaction ID : B8E09FAEFF2974BE3AC6

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

2755.42

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 12 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FEDEX CORPORATE

Mailing Address 942 SHADY GROVE RD S

Date of Disbursement

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

City
MEMPHISState
TNZip Code
38120-4117

FEC Identification Number

C

Purpose of Disbursement
SHIPPING/DELIVERY

001

Amount of Each Disbursement this Period

18.24

Transaction ID : B348E10294E2C4C629CF

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FEDEX CORPORATE

Mailing Address 942 SHADY GROVE RD S

Date of Disbursement

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

City
MEMPHISState
TNZip Code
38120-4117

FEC Identification Number

C

Purpose of Disbursement
SHIPPING/DELIVERY

001

Amount of Each Disbursement this Period

11.80

Transaction ID : BB9B605534ECC459B88E

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HARCOURT OUTLINES, INC.

Mailing Address PO BOX 128

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	2	4

City
MILROYState
INZip Code
46156-0128

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Amount of Each Disbursement this Period

3613.10

Transaction ID : B33EB6603013E49BF89B

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3643.14

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 13 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

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
1	1		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

5500.00

Transaction ID : B9C2E8E53790F42D6BCF

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMO

001

Candidate Name

Category/
Type

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
1	2		0	6		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

340.63

Transaction ID : BF8EEA707244B4CDCBFE

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

001

Candidate Name

Category/
Type

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
1	2		0	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

340.63

Transaction ID : BCEFF2FBC2D664E17B0A

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

5840.63

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 14 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

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
1	2		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

5500.00

Transaction ID : B2173741AA5F64125954

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
MILEAGE REIMBURSEMENT

001

Candidate Name

Category/
Type

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
1	2		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

465.72

Transaction ID : B4E069BC713824588978

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

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
1	2		3	1		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

5500.00

Transaction ID : B786541E9EF8A477DB0D

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

11465.72

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 15 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

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
1	2		0	4		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1850.00

Transaction ID : BE01A3967B17F4470B59

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOODState
TXZip Code
77339-3802Purpose of Disbursement
PAYROLL TAXES/SERVICES

001

Candidate Name

Category/
Type

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
1	1		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

977.60

Transaction ID : B10E9E54E9ABB4591A76

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

City
KINGWOODState
TXZip Code
77339-3802Purpose of Disbursement
PAYROLL TAXES/SERVICES

001

Candidate Name

Category/
Type

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
1	2		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

977.60

Transaction ID : BD9ED407213804C03815

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

3805.20

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 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INSPERITY

Mailing Address 19001 CRESCENT SPRINGS DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2024

City
KINGWOODState
TXZip Code
77339-3802

FEC Identification Number

C

Purpose of Disbursement
PAYROLL TAXES/SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1014.39

Transaction ID : B611F735790D445948DE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. JR PROMOTIONS LLC

Mailing Address PO BOX 508

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
COLUMBUSState
INZip Code
47202-0508

FEC Identification Number

C

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1875.00

Transaction ID : B20BB789B5E5E4513887

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
INDIANAPOLISState
INZip Code
46250-4336

FEC Identification Number

C

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7500.00

Transaction ID : B1A0358377D30439AAE3

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

10389.39

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 17 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LINE ONE

Mailing Address 6418 CARROLLTON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
INDIANAPOLISState
INZip Code
46220-1615

FEC Identification Number

C

Purpose of Disbursement
MEDIA CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Transaction ID : B285C75D725C64A56BEC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFTMailing Address 185 BERRY ST
STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City
SAN FRANCISCOState
CAZip Code
94107-1725

FEC Identification Number

C

Purpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : B422EC504F9FF42898D5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFTMailing Address 185 BERRY ST
STE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2024

City
SAN FRANCISCOState
CAZip Code
94107-1725

FEC Identification Number

C

Purpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.20

Transaction ID : B91DCBB7CF5C944F589A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

5021.20

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 18 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		27		2024

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

135.00

Transaction ID : BF4F655160ABE4511A1D

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		17		2024

City
INDIANAPOLISState
INZip Code
46204-3030

FEC Identification Number

C

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

144.00

Transaction ID : B9EA0276844A94B96953

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

C

Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9650.04

Transaction ID : B7EBA11BAFF4340489B8

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

9929.04

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 19 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

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
1	2	/	1	0	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

172.80

Transaction ID : BCECE3A62291B41EDB4B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

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
1	1	/	2	7	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1125.00

Transaction ID : BB038A635A09F4480B9D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMO

001

Candidate Name

Category/
Type

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
1	2	/	0	6	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

176.26

Transaction ID : B582AE981BF5740248E3

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

1474.06

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 20 OF 33

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

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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

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
1	2		1	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : B36DA95F351204910A04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

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
1	2		2	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : B2E855C853927499DAA1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1500.00

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

57294.82

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

PAGE 21 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6A7F6FC589A04443B97

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 16 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

100000.00

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 22 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6FDE22CD942F476C8F9

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 05 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA041F3E6D2D64F809A6

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 24 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C90FFB25E53CC4FFE900

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

700000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 28 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

700000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 25 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C17DEF342EDB74A2FBAA

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 29 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBFF3D1FC2D0D46F6998

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 26 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

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).....▶

600000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 27 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C32DDF7217B2B428A8E7

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 21 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

Y Y Y Y
NONE

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).....▶

1000000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9FE6944440CD40C1A2F

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2024

M M / D D / Y Y Y Y

NONE

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).....▶

300000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 29 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2BFDBFB36A9643EDAB8

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 07 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

50000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 30 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE130FB8252BF49B5AF8

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 11 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

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).....▶

500000.00

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 31 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4C0B138262214F288FE

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

500000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 32 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEA4F5FB9BCF54383A38

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 24 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

NONE

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).....▶

50000.00

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 33 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : C75AE888D13C34C5BBD3

SHREVE FOR CONGRESS

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

Election: 2024

SHREVE, JEFFERSON, , ,

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 23 / 2024M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONE

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).....▶

50000.00

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

5900000.00

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