

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Bright for Congress

ADDRESS (number and street)

PO Box 26141

Check if different
than previously
reported. (ACC)

Alexandria

VA

22313-6141

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00852053

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NH

01

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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
08 / 22 / 2024

through

M M / D D / Y Y Y Y
09 / 30 / 2024

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

Type or Print Name of Treasurer

Marston, Chris, , ,

Signature of Treasurer

Marston, Chris, , ,

Date

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

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
Bright for Congress

Report Covering the Period: From: MM / DD / YYYY To: MM / DD / YYYY
08 / 22 / 2024 09 / 30 / 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))	1514.54	89049.64
(b) Total Contribution Refunds (from Line 20(d))	16600.00	16600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 15085.46	72449.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	40061.77	241794.26
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	3.33
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	40061.77	241790.93
8. Cash on Hand at Close of Reporting Period (from Line 27)	26906.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	205000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Bright for Congress

Report Covering the Period:

From:

M

M

/

D

D

/

Y

Y

Y

Y

08

22

2024

To:

M

M

/

D

D

/

Y

Y

Y

Y

09

30

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)	1114.00	63653.95
(ii) Unitemized	400.54	12117.42
(iii) TOTAL of contributions from individuals	1514.54	75771.37
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1500.00
(d) The Candidate	0.00	11778.27
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1514.54	89049.64
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	205000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	205000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3.33
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.18	0.18
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1514.72	294053.15

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.....	40061.77	241794.26
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	16600.00	16600.00
(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)).....	16600.00	16600.00
21. OTHER DISBURSEMENTS	62.81	8752.29
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	56724.58	267146.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	82116.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1514.72
25. SUBTOTAL (add Line 23 and Line 24).....	83631.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	56724.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	26906.60

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 16

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

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

NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

BRIGHT, LINDA, J., ,

Mailing Address 17350 LONG RIDGE

City

SAINT ROBERT

State

MO

Zip Code

65584-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1099.01

Date of Receipt

M M / D D / Y Y Y Y Y
08 23 2024

Transaction ID : SA11A.370

Amount of Each Receipt this Period

36.49

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BRIGHT, LINDA, J., ,

Mailing Address 17350 LONG RIDGE

City

SAINT ROBERT

State

MO

Zip Code

65584-9451

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1099.01

Date of Receipt

M M / D D / Y Y Y Y Y
08 25 2024

Transaction ID : SA11A.372

Amount of Each Receipt this Period

36.49

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

31299.83

Date of Receipt

M M / D D / Y Y Y Y Y
08 22 2024

Transaction ID : SA11C.354

Amount of Each Receipt this Period

572.56

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

72.98

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

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 16

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

WHITE, CHRISTOPHER, , ,

A. Mailing Address 28 PORTER STREET

City
PORTSMOUTHState
NHZip Code
03801-4059FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y
08 22 2024

Transaction ID : SA11A.355

Amount of Each Receipt this Period

520.51

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
WINRED

B. Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

31299.83

Date of Receipt

M M / D D / Y Y Y Y Y
08 23 2024

Transaction ID : SA11C.357

Amount of Each Receipt this Period

624.61

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
HASTINGS, MARK, , ,

C. Mailing Address 7 ERIK DRIVE

City
DOVERState
NHZip Code
03820-6005FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y
08 23 2024

Transaction ID : SA11A.359

Amount of Each Receipt this Period

520.51

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

1041.02

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

1114.00

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)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. ACCIARD, JULIAN, , ,

Mailing Address 128 NORTH SHORE ROAD

City
DERRYState
NHZip Code
03038Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4333.33

Transaction ID : SB17.I221

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HENRY, TUCKER, , ,

Mailing Address 51 SNELL ROAD

City
LEEState
NHZip Code
03861Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I216

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASHLEY WILLIAMS

Mailing Address 321 SUMMERCOURT DRIVE

City
SUMMERVILLEState
SCZip Code
29485Purpose of Disbursement
NET PAY

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1498.11

Transaction ID : SB17.I226

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

7331.44

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)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL ROAD

City
VIENNAState
VAZip Code
22182Purpose of Disbursement
DATABASE SERVICES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.I220

☐ Memo Item**B. CONSTANT CONTACT**

Mailing Address 1601 TRAPELO ROAD

City
WALTHAMState
MAZip Code
02451Purpose of Disbursement
ONLINE SERVICES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

160.00

Transaction ID : SB17.I231

☐ Memo Item**C. ELECTION CFO**

Mailing Address PO BOX 26141

City
ALEXANDRIAState
VAZip Code
22313Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2193.80

Transaction ID : SB17.I219

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

3153.80

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

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

520.33

Transaction ID : SB17.I225

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.I229

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MAJORITY STRATEGIES

Mailing Address PO BOX 679219

City
DALLASState
TXZip Code
75267Purpose of Disbursement
MAILING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28085.10

Transaction ID : SB17.I217

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

28651.43

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

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

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

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

660.00

Transaction ID : SB17.I218

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.20

Transaction ID : SB17.I227

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

52.03

Transaction ID : SB17.I232

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

760.23

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

39896.90

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. LIEH, ANGELA, , ,

Mailing Address 520 EAST MACON STREET

City
SAVANNAHState
GAZip Code
31401Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : SB20A.I236

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MILLER, AARON, , ,

Mailing Address 520 EAST MACON STREET

City
SAVANNAHState
GAZip Code
31401Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : SB20A.I235

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NIERLING, HEATHER, , ,

Mailing Address 110 TREASURE HILL ROAD

City
SOUTH KENTState
CTZip Code
06785Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20A.I240

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

6700.00

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

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

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

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NAME OF COMMITTEE (In Full)

Bright for Congress

Full Name (Last, First, Middle Initial)

A. RODDY, KATHERINE, , ,

Mailing Address 34984 VINTAGE PLACE

City
ROUND HILLState
VAZip Code
20141Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20A.I234

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RODDY, PATRICK, , ,

Mailing Address 34984 VINTAGE PLACE

City
ROUND HILLState
VAZip Code
20141Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20A.I233

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SCHNEEBERGER, NORM, , ,

Mailing Address 45 WELCOME HILL RD.

City
W. CHESTERFIELDState
NHZip Code
03466Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : SB20A.I239

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

9900.00

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

16600.00

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

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.44

Bright for Congress

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

Election: 2024

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

BRIGHT, CHRIS, , ,

Mailing Address
PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

45000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0%
% (apr)☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

45000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.80

Bright for Congress

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

Election: 2024

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

BRIGHT, CHRIS, , ,

Mailing Address
PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 23 / 2024M M / D D / Y Y Y Y
ON DEMANDM M / D D / Y Y Y Y
ON DEMANDY Y Y Y / Y Y Y Y / Y Y Y Y
ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

20000.00

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

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

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

PAGE 15 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.81

Bright for Congress

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

Election: 2024

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

BRIGHT, CHRIS, , ,

Mailing Address
PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

ON DEMAND

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

40000.00

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

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

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

PAGE 16 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.121

Bright for Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

BRIGHT, CHRIS, , ,

Mailing Address

PO BOX 26141

City

ALEXANDRIA

State

VA

ZIP Code

22313

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0%
% (apr)☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

100000.00

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

205000.00

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