



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Ray Riehle for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2025 To: M M / D D / Y Y Y Y 06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	<span style="border: 1px solid black; padding: 2px;">19634.78</span>	<span style="border: 1px solid black; padding: 2px;">19634.78</span>
(b) Total Contribution Refunds (from Line 20(d)) .....	<span style="border: 1px solid black; padding: 2px;">96.58</span>	<span style="border: 1px solid black; padding: 2px;">96.58</span>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	<span style="border: 1px solid black; padding: 2px;">19538.20</span>	<span style="border: 1px solid black; padding: 2px;">19538.20</span>
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	<span style="border: 1px solid black; padding: 2px;">13735.86</span>	<span style="border: 1px solid black; padding: 2px;">13895.02</span>
(b) Total Offsets to Operating Expenditures (from Line 14) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	<span style="border: 1px solid black; padding: 2px;">13735.86</span>	<span style="border: 1px solid black; padding: 2px;">13895.02</span>
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<span style="border: 1px solid black; padding: 2px;">6183.01</span>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<span style="border: 1px solid black; padding: 2px;">23150.00</span>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**Ray Riehle for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4520.50	4520.50
(ii) Unitemized.....	15114.28	15114.28
(iii) TOTAL of contributions from individuals ▶	19634.78	19634.78
(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))..	19634.78	19634.78
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	19634.78	19634.78

**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.....	13735.86	13895.02
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 .....	96.58	96.58
(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)).....	96.58	96.58
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13832.44	13991.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	380.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19634.78
25. SUBTOTAL (add Line 23 and Line 24).....	20015.45
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13832.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6183.01

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 27  
(check only one)  
 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)  
**Ray Riehle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Airola, Chris, , ,

Mailing Address 730 Sunrise Ave  
140

City State Zip Code  
Roseville CA 95661

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RentPros Inc. Property Manager

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 06 2025

**Transaction ID : A-1854**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Crone, Bruce, , ,

Mailing Address 1456 E Philadelphia St  
45

City State Zip Code  
Ontario CA 91761

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Crone Insurance Services Business Owner

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 16 2025

**Transaction ID : A-1856**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Huang, Hualin, , ,

Mailing Address 44361 S El Macero Dr.

City State Zip Code  
El Macero CA 95618

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Nu Cybertek, Inc. Engineer

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 22 2025

**Transaction ID : A-1539**

Amount of Each Receipt this Period

Memo Item

Earmark via WinRed on 2025-06-24

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
WinRed

Mailing Address 4250 Fairfax Dr  
Ste 600

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13755.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2025

**Transaction ID : A-1539CM**

Amount of Each Receipt this Period  
1868.61

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

**B.** Full Name (Last, First, Middle Initial)  
Huang, Hualin, , ,

Mailing Address 44361 S El Macero Dr.

City El Macero State CA Zip Code 95618

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

Name of Employer Occupation  
Nu Cybertek, Inc. Engineer

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
379.97

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2025

**Transaction ID : A-1618**

Amount of Each Receipt this Period  
52.05

Memo Item

Earmark via WinRed on 2025-06-24

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

Mailing Address 4250 Fairfax Dr  
Ste 600

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
13755.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 24 / 2025

**Transaction ID : A-1618CM**

Amount of Each Receipt this Period  
1868.61

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	52.05
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 27	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Mark, Mark, , ,

Mailing Address 10120 Bay Colony Dr

City Bakersfield	State CA	Zip Code 93312
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FEC ID number of contributing federal political committee. **C**

Name of Employer Raven Enterprises	Occupation Drone pilot
---------------------------------------	---------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2025

**Transaction ID : A-1869**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Miller, Kenneth, , ,

Mailing Address 1648 7th Avenue

City Sacramento	State CA	Zip Code 95818
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Broker
-----------------------------------	----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2025

**Transaction ID : A-1852**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Rosenberg, Mark, , ,

Mailing Address 201 Reinecke Ct

City Lincoln	State CA	Zip Code 95648
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2025

**Transaction ID : A-1867**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 27  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Schell, Debra, , ,

Mailing Address 14835 Shamrock Lane

City Brookfield State WI Zip Code 53005

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

Name of Employer AFCC Occupation Physician

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
260.25

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 01 / 2025

**Transaction ID : A-462**

Amount of Each Receipt this Period  
260.25

Memo Item

Earmark via WinRed on 2025-06-03

**B.** Full Name (Last, First, Middle Initial)  
WinRed

Mailing Address 4250 Fairfax Dr  
Ste 600

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2387.57

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 03 / 2025

**Transaction ID : A-462CM**

Amount of Each Receipt this Period  
1866.75

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

**C.** Full Name (Last, First, Middle Initial)  
Shields, Larry, , ,

Mailing Address 1900 Delmar Ave

City Penryn State CA Zip Code 95663

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

Name of Employer Herzog Surgical Occupation Repair Division Advisor

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2025

**Transaction ID : A-1860**

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 510.25

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 27	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

**A.** Full Name (Last, First, Middle Initial)  
Stimson, Bruce, , ,

Mailing Address 4801 Alexon Way

City Carmichael	State CA	Zip Code 95608
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
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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  
 06 / 14 / 2025

**Transaction ID : A-1853**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Williams, John, R., ,

Mailing Address 14565 Lake Vista Dr

City Sonora	State CA	Zip Code 95370
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2025

**Transaction ID : A-1858**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address

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

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

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4520.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2025
Mailing Address 22 Highpoint Place		FEC Identification Number C
City West Windsor Township	State NJ	Zip Code 08550
Purpose of Disbursement Fundraising Fee	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 468.61	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B-410</b> <input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-WinRed Technical Services
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2025
Mailing Address 22 Highpoint Place		FEC Identification Number C
City West Windsor Township	State NJ	Zip Code 08550
Purpose of Disbursement Fundraising Fee	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1679.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B-555</b> <input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-WinRed Technical Services
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2025
Mailing Address 22 Highpoint Place		FEC Identification Number C
City West Windsor Township	State NJ	Zip Code 08550
Purpose of Disbursement Fundraising Fee	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 192.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B-576</b> <input checked="" type="checkbox"/> Memo Item MEMO: Subvendor of-WinRed Technical Services
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 689.42	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-637	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 70.64	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-649	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 233.26	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-669	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 1119.98	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-770	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 264.19	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-797	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 783.31	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-874	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 16 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 879.94	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1030	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 17 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 3064.78	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1383	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>			Date of Disbursement MM / DD / YYYY 06 / 19 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 23.79	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1400	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 389.54	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1430	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 252.92	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1469	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 1464.32	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1629	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 57.27	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1645	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 186.32	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1674	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 433.61	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1731	
Candidate Name		Memo Item MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frontline Strategies LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2025	
Mailing Address 22 Highpoint Place			FEC Identification Number C	
City West Windsor Township	State NJ	Zip Code 08550	Amount of Each Disbursement this Period 103.84	
Purpose of Disbursement Fundraising Fee		Category/ Type 001	Transaction ID : B-1793	
Candidate Name		Memo Item <input checked="" type="checkbox"/> MEMO: Subvendor of-WinRed Technical Services		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Integrated Solutions: Political</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2025	
Mailing Address 4142 Adams Avenue Suite 103-550			FEC Identification Number C	
City San Diego	State CA	Zip Code 92116	Amount of Each Disbursement this Period 143.00	
Purpose of Disbursement Software		Category/ Type 001	Transaction ID : B-1848	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 489.19	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-365	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	632.19
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2025		
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C		
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1753.34		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-413		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2025		
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C		
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 201.04		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-558		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2025		
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C		
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 719.71		
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-579		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2674.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 73.75	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-640	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 09 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 243.48	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-652	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 10 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 1169.19	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-672	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1486.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 11 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 275.82	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-773	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 12 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 817.72	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-800	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 15 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 355.94	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-877	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1449.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 16 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 969.06	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-921	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 17 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 3204.54	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1034	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 19 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 25.81	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1388	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4199.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2025
Mailing Address 1776 Wilson Boulevard Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 407.18
Candidate Name		Transaction ID : B-1403
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2025
Mailing Address 1776 Wilson Boulevard Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 294.61
Candidate Name		Transaction ID : B-1433
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>		Date of Disbursement MM / DD / YYYY 06 / 24 / 2025
Mailing Address 1776 Wilson Boulevard Suite 530		FEC Identification Number C
City Arlington	State VA	Zip Code 22219
Purpose of Disbursement Credit Card Processing Fees		Amount of Each Disbursement this Period 1538.10
Candidate Name		Transaction ID : B-1472
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2239.89
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 25 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 69.62	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1632	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 26 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 212.91	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1648	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>C. WinRed Technical Services</b>			Date of Disbursement MM / DD / YYYY 06 / 29 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 453.26	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1677	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	735.79
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Ray Riehle for Congress**

Full Name (Last, First, Middle Initial) <b>A. WinRed Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2025	
Mailing Address 1776 Wilson Boulevard Suite 530			FEC Identification Number C	
City Arlington	State VA	Zip Code 22219	Amount of Each Disbursement this Period 142.09	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type 001	Transaction ID : B-1769	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	142.09
<b>TOTAL</b> This Period (last page this line number only).....▶	13559.36

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C-4  
 Ray Riehle for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Riehle, Raymond, , ,		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7600 Larkspur Lane		
City Orangevale	State CA	ZIP Code 95662
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1400.00	0.00	1400.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 26 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1400.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) Transaction ID : C-222  
 Ray Riehle for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Riehle, Raymond, , ,		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7600 Larkspur Lane		<input type="checkbox"/> Personal Funds of the Candidate
City Orangevale	State CA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16000.00	0.00	16000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 08 / 2023	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....▶	16000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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

NAME OF COMMITTEE (In Full) Transaction ID : C-331  
 Ray Riehle for Congress

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Riehle, Raymond, , ,		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 7600 Larkspur Lane		
City Orangevale	State CA	ZIP Code 95662
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 02 / 13 / 2024	M M / D D / Y Y Y Y 12/31/2028	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	5000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	22400.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Ray Riehle for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>The KAL Group, Inc.</b>			Nature of Debt (Purpose): Bookkeeping
Mailing Address 9460 Tegner Road			
City Hilmar	State CA	Zip Code 95324	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="750.00"/>	<b>Transaction ID : D-360</b>	
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="750.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:100%;" type="text" value="750.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:100%;" type="text" value="750.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:100%;" type="text" value="22400.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:100%;" type="text" value="23150.00"/>