

**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

CYRIL FOR CONGRESS

ADDRESS (number and street)

110 DOGWOOD CIRCLE



Check if different than previously reported. (ACC)

HIGH POINT

NC

27260

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00907576

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NC

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
03 / 03 / 2026

in the State of

NC

(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
01 / 01 / 2026

through

M M / D D / Y Y Y Y
02 / 11 / 2026

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 LITTLE, MISTY, , ,

Signature of Treasurer

LITTLE, MISTY, , ,

Date

M M / D D / Y Y Y Y
02 / 19 / 2026

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CYRIL FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

	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))	15978.50	135584.95
(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))	15978.50	135584.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14938.12	136213.78
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	11408.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14938.12	124804.82
8. Cash on Hand at Close of Reporting Period (from Line 27)	8930.13	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

CYRIL FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
02 / 11 / 2026**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).....

13300.00

103385.00

(ii) Unitemized

2678.50

26199.95

(iii) TOTAL of contributions
from individuals ▶

15978.50

129584.95

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees
(such as PACs)

0.00

5000.00

(d) The Candidate

0.00

0.00

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

15978.50

135584.95

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.)

0.00

11408.96

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)..... ▶

15978.50

146993.91

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.....	14938.12	136213.78
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	1850.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14938.12	138063.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7889.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15978.50
25. SUBTOTAL (add Line 23 and Line 24).....	23868.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14938.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8930.13

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 23

☒ 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)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)
Bell, Sion, , ,

A. Mailing Address 901 Northshore Ct

City
High Point

State
NC

Zip Code
27265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not Employed

Occupation
Not Employed

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
01 14 2026

Transaction ID : SA11AI.6850

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
Blancato, Bill, , ,

B. Mailing Address 1860 Neushore Ct

City
Winston-Salem

State
NC

Zip Code
27127

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blancato Legal Services PLLC

Occupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2026

Transaction ID : SA11AI.6857

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
Blocker, Calvin, , ,

C. Mailing Address 1008 Josh Court

City
Greenville

State
NC

Zip Code
27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physician

Occupation
EmergeOrtho

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 10 2026

Transaction ID : SA11AI.6834

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

2650.00

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

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Blocker, Calvin, , ,

A.

Mailing Address 1008 Josh Court

City

Greenville

State

NC

Zip Code

27834

FEC ID number of contributing
federal political committee.

C

Name of Employer
PhysicianOccupation
EmergOrtho

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : SA11AI.6924

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Burkett, Ryan, , ,

B.

Mailing Address 924 Heather Ln

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
StratagonOccupation
Marketing

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	6

Transaction ID : SA11AI.6922

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Cain, Charles, , ,

C.

Mailing Address 918 Country Club Drive

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer
PL DevelopmentsOccupation
Attorney

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6820

Amount of Each Receipt this Period

300.00

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

850.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Contreras, Sharon, , ,

A.

Mailing Address 202 Fosseyway Dr

City

Greensboro

State

NC

Zip Code

27455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guilford County Schools

Occupation

Educator

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 06 2026

Transaction ID : SA11AI.6821

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CULP, HARRY, R, ,

B.

Mailing Address 1647 LINTON COURT

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer

HIGH POINT UNIVERSITY

Occupation

DENTIST

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
01 12 2026

Transaction ID : SA11AI.6805

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DARR, DOROTHY, GAY, ,

C.

Mailing Address 501 W HIGH AVENUE

City

HIGH POINT

State

NC

Zip Code

27260

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHWEST RENEWAL FOUNDATION OF H

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 18 2026

Transaction ID : SA11AI.6937

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1500.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Davis, Jakki, , ,

A.

Mailing Address 3009 Royalton Dr

City

Greensboro

State

NC

Zip Code

27406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Executive Director

Occupation

D-UP Inc

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
01 31 2026

Transaction ID : SA11AI.6895

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ficks, Susan, I, ,

B.

Mailing Address 709 South Bend Drive

City

Durham

State

NC

Zip Code

27713

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 11 2026

Transaction ID : SA11AI.6840

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Fisher, Louis, , ,

C.

Mailing Address 412 Emerywood Dr

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smart Choice

Occupation

Insurance

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
01 12 2026

Transaction ID : SA11AI.6842

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Fruge, Kathy, , ,

A. Mailing Address 4336 Poplar Creek Lane

City
High Point

State
NC

Zip Code
27265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 05 2026

Transaction ID : SA11AI.6810

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Fruge, Kathy, , ,

B. Mailing Address 4336 Poplar Creek Lane

City
High Point

State
NC

Zip Code
27265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 03 2026

Transaction ID : SA11AI.6902

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Fruge, Kathy, , ,

C. Mailing Address 4336 Poplar Creek Lane

City
High Point

State
NC

Zip Code
27265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 05 2026

Transaction ID : SA11AI.6906

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

MORGAN, JAMES, F, ,

A.

Mailing Address PO BOX 2756

City

High Point

State

NC

Zip Code

27261

FEC ID number of contributing
federal political committee.

C

Name of Employer

MORGAN, HERRING, GREEN & ROSENBLUT

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 12 2026

Transaction ID : SA11AI.6936

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

O'BRIEN, MARY, MIDDLETON, ,

B.

Mailing Address 5200 SAN JOSE BLVD, UNIT 2

City

JACKSONVILLE

State

FL

Zip Code

32207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
01 07 2026

Transaction ID : SA11AI.6803

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PETERS, ALAN, O'NEIL, ,

C.

Mailing Address PO BOX 2793

City

High Point

State

NC

Zip Code

27261

FEC ID number of contributing
federal political committee.

C

Name of Employer

BENEFIT PLAN SERVICES

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 29 2026

Transaction ID : SA11AI.6939

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

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 11 OF 23

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Phillips, Mark, , ,

A.

Mailing Address 3219 FORSYTH DRIVE

City

Greensboro

State

NC

Zip Code

27407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Phillips Collection Inc

Occupation

Chairman

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2026

Transaction ID : SA11AI.6934

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PHILLIPS JR., EARL, , ,

B.

Mailing Address PO BOX 830

City

High Point

State

NC

Zip Code

27261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
01 06 2026

Transaction ID : SA11AI.6799

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SANDERS, Kay, , ,

C.

Mailing Address 1608 MARYFIELD CT

City

High Point

State

NC

Zip Code

27260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 15 2026

Transaction ID : SA11AI.6852

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

3525.00

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 12 OF 23

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Smith, Andy, , ,

A.

Mailing Address 1029 Wellington St

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer
PresidentOccupation
Carolina Core FC

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.6886

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wright, Greg, , ,

B.

Mailing Address 2705 Croquet Circle

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright Advisory LLCOccupation
Branding

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.6828

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wright, Harry, , ,

C.

Mailing Address 2320 Addison Blvd

City

High Point

State

NC

Zip Code

27262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not EmployedOccupation
Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	6

Transaction ID : SA11AI.6860

Amount of Each Receipt this Period

100.00

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

1150.00

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)

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Zhu, Chaowei, , ,

A.

Mailing Address 1817 Ramhurst Dr.

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
business ownerOccupation
business owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.6869

Amount of Each Receipt this Period

500.00

☐ Memo Item**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

Amount of Each Receipt this Period

☐ Memo Item**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

Amount of Each Receipt this Period

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

500.00

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

13300.00

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)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address PO BOX 441146

Date of Disbursement

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

City
SOMERVILLEState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

156.55

Transaction ID : SB17.6992

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO BOX 441146

Date of Disbursement

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

City
SOMERVILLEState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.25

Transaction ID : SB17.6993

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address PO BOX 441146

Date of Disbursement

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

City
SOMERVILLEState
MAZip Code
02144

FEC Identification Number

C

Purpose of Disbursement
PROCESSING FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.85

Transaction ID : SB17.6994

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

195.65

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

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address PO BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

34.89

Transaction ID : SB17.6995

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO BOX 441146

City
SOMERVILLEState
MAZip Code
02144Purpose of Disbursement
PROCESSING FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : SB17.6996

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASANAMailing Address 633 FOLSOM STREET
SUITE 100City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PROJECT MANAGEMENT SOFTWARE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

134.90

Transaction ID : SB17.6983

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

186.79

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BOYS & GIRLS CLUB OF GREATER HIGH POINT

Mailing Address PO BOX 2834

City
HIGH POINTState
NCZip Code
27261Purpose of Disbursement
MARKETING SPONSORSHIP

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

257.78

Transaction ID : SB17.6986

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BYRD, COREY, , ,

Mailing Address 365 TORTOISE LANE

City
WINSTON SALEMState
NCZip Code
27127Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	3	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1514.65

Transaction ID : SB17.6961

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BYRD, COREY, , ,

Mailing Address 365 TORTOISE LANE

City
WINSTON SALEMState
NCZip Code
27127Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1955.66

Transaction ID : SB17.6962

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

3728.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CANVAMailing Address 3212 E CESAR CHAVEZ STREET
BUILDING 1 SUITE 1300City
AUSTINState
TXZip Code
78702Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6944

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CANVAMailing Address 3212 E CESAR CHAVEZ STREET
BUILDING 1 SUITE 1300City
AUSTINState
TXZip Code
78702Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

389.65

Transaction ID : SB17.6945

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CANVAMailing Address 3212 E CESAR CHAVEZ STREET
BUILDING 1 SUITE 1300City
AUSTINState
TXZip Code
78702Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6946

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

449.65

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPTIVATE MEDIA

Mailing Address 136 CHURCH AVENUE

City
HIGH POINTState
NCZip Code
27262Purpose of Disbursement
VIDEOGRAPHY

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

675.00

Transaction ID : SB17.6987

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
DOMAIN FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

268.80

Transaction ID : SB17.6942

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
DOMAIN FEE

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

268.80

Transaction ID : SB17.6943

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

1212.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTUIT QUICKBOOKS

Mailing Address 2700 COAST AVENUE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

676.92

Transaction ID : SB17.6958

☐ Memo Item**B. INTUIT QUICKBOOKS**

Mailing Address 2700 COAST AVENUE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

227.00

Transaction ID : SB17.6959

☐ Memo Item**C. INTUIT QUICKBOOKS**

Mailing Address 2700 COAST AVENUE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
PAYROLL TAX

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1033.36

Transaction ID : SB17.6960

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

1937.28

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JEFFERSON, CYRIL, , ,

Mailing Address P.O. BOX 5043

City
HIGH POINTState
NCZip Code
27262Purpose of Disbursement
CANDIDATE SALARY

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.6947

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LITTLE, MISTY, , ,

Mailing Address 1236 GUYER STREET

City
HIGH POINTState
NCZip Code
27262Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.6964

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OPENAIMailing Address 3180 18TH STREET
SUITE 100City
SAN FRANCISCOState
CAZip Code
94110Purpose of Disbursement
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.6955

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

1340.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. POTH, ISABELLA, , ,

Mailing Address 1304 KENSINGTON DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2026

City
HIGH POINTState
NCZip Code
27262

FEC Identification Number

C

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1112.91

Transaction ID : SB17.6956

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. POTH, ISABELLA, , ,

Mailing Address 1304 KENSINGTON DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2026

City
HIGH POINTState
NCZip Code
27262

FEC Identification Number

C

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1586.47

Transaction ID : SB17.6957

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. PRICE COMMERCIAL REALTY

Mailing Address 1220 N MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2026

City
HIGH POINTState
NCZip Code
27262

FEC Identification Number

C

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

706.25

Transaction ID : SB17.6974

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3405.63

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 22 OF 23

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PRICE COMMERCIAL REALTY

Mailing Address 1220 N MAIN STREET

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2026

City
HIGH POINTState
NCZip Code
27262

FEC Identification Number

C

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1225.00

Transaction ID : SB17.6976

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Switchboard Public Benefit Corp

Mailing Address PO BOX 33485

Date of Disbursement

M M	D D	Y Y Y Y
02	03	2026

City
WASHINGTONState
DCZip Code
20033

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGNING TOOLS

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

371.09

Transaction ID : SB17.6970

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1455 & 1725 THIRD STREET

Date of Disbursement

M M	D D	Y Y Y Y
01	28	2026

City
SAN FRANCISCOState
CAZip Code
94158

FEC Identification Number

C

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.88

Transaction ID : SB17.6980

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

1635.97

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 23 OF 23

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

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NAME OF COMMITTEE (In Full)

CYRIL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ZOOMMailing Address 55 ALMADEN BLVD
SUITE 600City
SAN JOSEState
CAZip Code
95113Purpose of Disbursement
SUBSCRIPTION

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
01		16		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

67.96

Transaction ID : SB17.6963

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

67.96

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

14159.62