

**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

DENOTTER FOR CONGRESS

ADDRESS (number and street)

1735 TURNBERRY TR

Check if different
than previously
reported. (ACC)

BOYNE CITY

MI

49712

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00788588

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

DRAGONE, SHERRY, , ,

Signature of Treasurer

DRAGONE, SHERRY, , ,

Date

M M /

D D /

Y Y Y Y

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

DENOTTER FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		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))....	4220.00	28645.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4220.00	28645.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1286820.02	1552464.14
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1286820.02	1552464.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	342303.87	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	70524.71	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2011802.94	

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

DENOTTER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 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).....

1000.00

24500.00

(ii) Unitemized

3220.00

4145.00

(iii) TOTAL of contributions
from individuals ▶

4220.00

28645.00

(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))..

4220.00

28645.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

1618875.00

1865575.00

(b) All Other Loans.....

0.00

0.00

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

1618875.00

1865575.00

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

0.00

0.00

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

524.00

524.00

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

1623619.00

1894744.00

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.....	1286820.02	1552464.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1286820.02	1552464.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5504.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1623619.00
25. SUBTOTAL (add Line 23 and Line 24).....	1629123.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1286820.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	342303.87

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**Form/Schedule: F3A****Transaction ID :**

Matt closed out the old campaign bank account at First Community Bank today 4/13/2026, The balance in the account was \$3,024.01. We anticipated the \$24.01, but not the additional \$3,000. Matt believes this money was from a donation that was paid back to the donor and they never cashed the check or accepted the refund, so the money stayed with the campaign. He has no idea who this may have been since the report originally show the refunds. Best efforts /practice have been exhausted. The account has been closed and cashiers check #304454 is being deposited to current committee bank account to reflect the additional \$3000.00 This will be reflected/amended on the corresponding report.

Form/Schedule:**Transaction ID:**

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 34

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

TASSIS, JONATHAN, , ,

A.

Mailing Address 1312 YOSEMITE VALLEY DR

City

MILFORD

State

MI

Zip Code

48381

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

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
04 11 2026

Transaction ID : SA11AI.4301

Amount of Each Receipt this Period

500.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALGORA, MATT, , ,

B.

Mailing Address 7855 LESSITER ST

City

BELDING

State

MI

Zip Code

48809

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF EMPLOYED

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
04 15 2026

Transaction ID : SA11AI.4319

Amount of Each Receipt this Period

500.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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 7 OF 34

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

A.

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.

C H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : SA13A.4328

Amount of Each Receipt this Period

178875.00

☐ Memo Item

TRANSFER FROM KEY BANK

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

B.

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.

C H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

825575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 24 / 2026

Transaction ID : SA13A.4329

Amount of Each Receipt this Period

400000.00

☐ Memo Item

LOAN FROM CANDIDATE TRANSFER FROM
VEVBANK

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

C.

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.

C H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1225575.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2026

Transaction ID : SA13A.4443

Amount of Each Receipt this Period

400000.00

☐ Memo Item

LOAN

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

978875.00

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

A.

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.**C** H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1525575.00

Date of Receipt

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

Transaction ID : SA13A.4330

Amount of Each Receipt this Period

300000.00

☐ Memo ItemLOAN FROM CANDIDATE TRANSFER FROM KEY
RANK**B.**

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.**C** H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1865575.00

Date of Receipt

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

Transaction ID : SA13A.4447

Amount of Each Receipt this Period

340000.00

☐ Memo Item

LOAN FROM CANDIDATE

C.

Full Name (Last, First, Middle Initial)

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)..... ▶

640000.00

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

1618875.00

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)

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETER MILLAR CONCIERGE

A.

Mailing Address 1002 TWIN CREEKS COURT

City

DURHAM

State

NC

Zip Code

27003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

524.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 22 / 2026

Transaction ID : SA15.4353

Amount of Each Receipt this Period

524.00

☐ Memo Item

CREDIT FROM CAMPAIGN SHIRTS

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

524.00

524.00

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON ONLINE

Mailing Address 440 TERRY AVE N

City
SEATTLEState
WAZip Code
98109Purpose of Disbursement
campaign parade supplies Houghton, Boyne and Harbor Springs

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

326.36

Transaction ID : SB17.4418

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICINN BY WYNDHAM

Mailing Address 120 LINCOLN AVE

City
SILVER CITYState
MIZip Code
49953Purpose of Disbursement
CAMPAIGN TEAM TRAVEL

002

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

262.58

Transaction ID : SB17.4388

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT FEE

012

Candidate Name
DENOTTER, MATTHEW, ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	6

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

1.10

Transaction ID : SB17.4303

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

590.04

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

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

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT FEE

012

Candidate Name
DENOTTER, MATTHEW, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4304

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
TRANSFER FEE

012

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4320

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT TRANSFER FEE

012

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.4324

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

44.90

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

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

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT TRANSFER FEECandidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4355

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT FEECandidate Name
DENOTTER FOR CONGRESSCategory/
Type
001Office Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

2.30

Transaction ID : SB17.4445

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISINGCandidate Name
DENOTTER FOR CONGRESSCategory/
Type
004Office Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

59625.00

Transaction ID : SB17.4369

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

59628.60

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)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

60000.00

Transaction ID : SB17.4367

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 / 16 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

59625.00

Transaction ID : SB17.4370

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
04 / 22 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

59250.00

Transaction ID : SB17.4372

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

178875.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

83100.00

Transaction ID : SB17.4377

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
05 / 07 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

139100.00

Transaction ID : SB17.4382

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

55100.00

Transaction ID : SB17.4383

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

277300.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
05	21	2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

55100.00

Transaction ID : SB17.4387

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
06	01	2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

96675.00

Transaction ID : SB17.4402

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
06	08	2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

96675.00

Transaction ID : SB17.4409

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

248450.00

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

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

PAGE 16 OF 34

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEIDA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 16 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

96675.00

Transaction ID : SB17.4417

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
ADVERTISING MEDIA

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 23 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

96675.00

Transaction ID : SB17.4441

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COPPER COUNTRY

Mailing Address PO BOX 192

City
PAINSDALEState
MIZip Code
49955Purpose of Disbursement
REP PARTY EVENT DONATION

012

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 19 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

376.00

Transaction ID : SB17.4436

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

193726.00

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

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

PAGE 17 OF 34

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CROSSROADS RESTAURANT

Mailing Address 900 COUNTY RD 480

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2026

City
MARQUETTEState
MIZip Code
49855

FEC Identification Number

C C00788588Purpose of Disbursement
CAMPAIGN TEAM TRAVEL

002

Amount of Each Disbursement this Period

214.27

Transaction ID : SB17.4426

☐ Memo ItemCandidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

B. DEDRICK MILLER SERVICES

Mailing Address 1647 4TH ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		26		2026

City
MADISONState
ILZip Code
62069

FEC Identification Number

C C00788588Purpose of Disbursement
HOTEL, FLIGHT AND RENTAL CAR

002

Amount of Each Disbursement this Period

1852.15

Transaction ID : SB17.4397

☐ Memo ItemCandidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Full Name (Last, First, Middle Initial)

C. IOSCO COUNTY REPUBLICANS

Mailing Address PO BOX 116

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2026

City
TAWAS CITYState
MIZip Code
48764

FEC Identification Number

C C00788588Purpose of Disbursement
REP PARTY EVENT DONATION

012

Amount of Each Disbursement this Period

315.00

Transaction ID : SB17.4440

☐ Memo ItemCandidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

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

2381.42

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LANDMARK NORTHLAND GASTROPUB

Mailing Address 230 N FRONT ST

City
MARQUETTEState
MIZip Code
49855Purpose of Disbursement
CAMPAIGN TEAM TRAVEL

002

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

210.52

Transaction ID : SB17.4435

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
CAMPAIGN STRATEGY CONSULTING ADMIN SUPPORT

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4331

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
CONSULTING, STRATEGY AND ADMIN SUPPORT

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5829.76

Transaction ID : SB17.4373

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

11840.28

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

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

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341

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
0	5		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

5815.17

Transaction ID : SB17.4379

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341

Purpose of Disbursement

CONSULTING, STRATEGY AND ADMIN SUPPORT

Candidate Name

DENOTTER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4386

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341

Purpose of Disbursement

CONSULTING, STRATEGY AND ADMIN SUPPORT

Candidate Name

DENOTTER FOR CONGRESS

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4404

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

17415.17

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

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

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
CONSUTLING, STRATEGY AND ADMIN SUPPORT

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4427

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PAULS RESTAURANT

Mailing Address 120 LINCOLN AVE

City
SILVER CITYState
MIZip Code
49953Purpose of Disbursement
CAMPAGIN EVENT

007

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
05 / 18 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

403.20

Transaction ID : SB17.4390

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PETER MILLAR CONCIERGE

Mailing Address 1002 TWIN CREEKS COURT

City
DURHAMState
NCZip Code
27003Purpose of Disbursement
CAMPAIGN SHIRTS

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
05 / 26 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

530.00

Transaction ID : SB17.4396

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

6733.20

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SLABZ BAR AND GRILL

Mailing Address 412 W WASHINGTON ST

City
MARQUETTEState
MIZip Code
49855Purpose of Disbursement
CAMPAIGN TEAM TRAVEL

002

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

176.30

Transaction ID : SB17.4437

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SPECTRUM REACHMailing Address 122 UPTOWN DR
STE 402City
BAY CITYState
MIZip Code
48708Purpose of Disbursement
MEDIA ADS

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

145559.95

Transaction ID : SB17.4403

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SPECTRUM REACHMailing Address 122 UPTOWN DR
STE 402City
BAY CITYState
MIZip Code
48708Purpose of Disbursement
MEDIA ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

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

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

140785.50

Transaction ID : SB17.4448

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

286521.75

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 34

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TAWAS BAY BEACH RESORT

Mailing Address 300 EAST BAY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2026

City
EAST TAWASState
MIZip Code
48730

FEC Identification Number

C C00788588Purpose of Disbursement
BANQUET ROOM RENTAL AND FOOD

007

Amount of Each Disbursement this Period

481.57

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID : SB17.4378

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TROWBRIDGE

Mailing Address 1380 EAST JEFFERSON AVE

Date of Disbursement

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

City
DETROITState
MIZip Code
48207

FEC Identification Number

C C00788588Purpose of Disbursement
LEGAL SERVICES

001

Amount of Each Disbursement this Period

600.00

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Transaction ID : SB17.4401

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

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

1081.57

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

1284587.93

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

PAGE 23 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4147

DENOTTER FOR CONGRESS

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

Election: 2026

DENOTTER, MATTHEW, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

36000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

36000.00

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

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

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

PAGE 24 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4177

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

210700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

210700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 06 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

210700.00

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

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

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

PAGE 25 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4328

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

178875.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

178875.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 01 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

178875.00

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

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

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

PAGE 26 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4329

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 24 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

N/A

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

400000.00

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

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

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

PAGE 27 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4443

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 19 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

400000.00

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

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

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

PAGE 28 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4330

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 03 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

N/A

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

300000.00

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

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

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

PAGE 29 OF 34

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4447

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

340000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

340000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

340000.00

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

1865575.00

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)

PAGE 30 OF 34

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DENOTTER FOR CONGRESS

Nature of Debt (Purpose):

TO BE REPAYED

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

Outstanding Balance Beginning This Period

70524.71

Transaction ID : SD9.4260

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70524.71

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

70524.71

2) **TOTALS** This Period (last page this line number only)

70524.71

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

70524.71

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ADVANCED RESPONSE SYSTEMS

Nature of Debt (Purpose):

BAL ON OCT 2022 QRTLTY

Mailing Address 13175 GEORGE WEBER DR

City

ROGERS

State

MN

Zip Code

55374

Outstanding Balance Beginning This Period

1274.34

Transaction ID : SD10.4232

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1274.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

ARISTOTLE

Nature of Debt (Purpose):

BALANCE ON OCT QRTLTY 7/14 - 9/30/22

Mailing Address 2500 PENNSYLVANIA AVE SE

City

WASHINGTON

State

DC

Zip Code

20020

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CITIBANK

Nature of Debt (Purpose):

BALANCE ON OCT QRTLTY 7/14 - 9/30/22

Mailing Address 388 GREENWICH ST

City

NEW YORK

State

NY

Zip Code

10013

Outstanding Balance Beginning This Period

25997.63

Transaction ID : SD10.4208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25997.63

1) **SUBTOTALS** This Period This Page (optional)

29371.97

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DIRECT MAIL FUNDRAISING LLC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

7966.74

Transaction ID : SD10.4209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7966.74

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DonorBureau

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 1550 W McEWAN DR
STE 300City
FRANKLINState
TNZip Code
37067

Outstanding Balance Beginning This Period

381.65

Transaction ID : SD10.4212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

381.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FULFILLMENT SOLUTIONS INC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 44970 FALCON PLACE
STE 400City
STERLINGState
VAZip Code
20166

Outstanding Balance Beginning This Period

3011.18

Transaction ID : SD10.4211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3011.18

1) **SUBTOTALS** This Period This Page (optional) ▶

11359.57

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

HSP DIRECT LLC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

3300.00

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NOVA LIST

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

3567.42

Transaction ID : SD10.4214

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3567.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PROFESSIONAL DATA SERVICES

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 824 S MILLEDGE AVE
STE 100City
ATHENSState
GAZip Code
30605

Outstanding Balance Beginning This Period

1039.93

Transaction ID : SD10.4215

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1039.93

1) **SUBTOTALS** This Period This Page (optional) ▶

7907.35

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RIGHT WAY TO WIN

Nature of Debt (Purpose):

BALANCE ON OCT QRTL Y 7/14 - 9/30/22

Mailing Address 1100 NEW JERSEY AVE SE
#2184City
WASHINGTONState
DCZip Code
20003

Outstanding Balance Beginning This Period

96779.05

Transaction ID : SD10.4216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

96779.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

BALANCE ON OCT QRTL Y 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

810.00

Transaction ID : SD10.4217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

810.00

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

97589.05

2) **TOTALS** This Period (last page this line number only) ▶

146227.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

1865575.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2011802.94