

FEC  
FORM 3XREPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

ADDRESS (number and street)

1 SOUTH WACKER DRIVE

36TH FLOOR

CHICAGO

IL

60606

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00450189

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly  
Report  
Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)  
(Non-Election  
Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)  
(Non-Election  
Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)(c) 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

\_\_\_\_\_

(d) 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 / 10

D D / 01

Y Y Y Y / 2025

through

M M / 12

D D / 31

Y Y Y Y / 2025

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

Wolfberg, Robert, , ,

Signature of Treasurer

Wolfberg, Robert, , ,

Date

M M / 01

D D / 05

Y Y Y Y / 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  
OnlyFEC FORM 3X  
Rev. 05/2016

**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page **2**

Write or Type Committee Name

PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Report Covering the Period: From:

M	M
10	

D	D
01	

Y	Y	Y	Y
2025			

To:

M	M
12	

D	D
31	

Y	Y	Y	Y
2025			

**COLUMN A**  
This Period

**COLUMN B**  
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2025	39100.74
(b) Cash on Hand at Beginning of Reporting Period.....	46672.43	
(c) Total Receipts (from Line 19) .....	5740.00	21620.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52412.43	60720.74
7. Total Disbursements (from Line 31).....	15104.17	23412.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37308.26	37308.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5720.00	19010.00
(ii) Unitemized .....	20.00	2610.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	5740.00	21620.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5740.00	21620.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5740.00	21620.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5740.00	21620.00

## DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	104.17	2912.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	104.17	2912.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15104.17	23412.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15104.17	23412.48

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5740.00	21620.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5740.00	21620.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	104.17	2912.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	104.17	2912.48

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4401	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
10			06			2025																	
A. Almonte, Albania, , , Mailing Address 1 S Wacker Drive 36th FL City Chicago State IL Zip Code 60616																							
FEC ID number of contributing federal political committee. C																							
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager	Amount of Each Receipt this Period 120.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00	Memo Item																			
500.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4432	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
11			03			2025																	
B. Almonte, Albania, , , Mailing Address 1 S Wacker Drive 36th FL City Chicago State IL Zip Code 60616																							
FEC ID number of contributing federal political committee. C																							
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager	Amount of Each Receipt this Period 20.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>520.00</td></tr></table>	520.00	Memo Item																			
520.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4402	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
10			06			2025																	
C. Arambula, David, , , Mailing Address 1 S Wacker Drive 36th FL City Chicago State IL Zip Code 60606																							
FEC ID number of contributing federal political committee. C																							
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager	Amount of Each Receipt this Period 120.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00	Memo Item																			
500.00																							

SUBTOTAL of Receipts This Page (optional)..... ►			  <table border="1"><tr><td>260.00</td></tr></table>	260.00
260.00				
TOTAL This Period (last page this line number only)..... ►			  <table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Arambula, David, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4433</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>20.00</td></tr> </table>	20.00																			
20.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>520.00</td></tr> </table>	520.00																			
520.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Arizaga, Sandra, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4403</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>150.00</td></tr> </table>	150.00																			
150.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>625.00</td></tr> </table>	625.00																			
625.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Arizaga, Sandra, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4434</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>25.00</td></tr> </table>	25.00																			
25.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>650.00</td></tr> </table>	650.00																			
650.00																						
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"> <tr><td>195.00</td></tr> </table>	195.00																			
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TOTAL This Period (last page this line number only)..... ►		  <table border="1"> <tr><td></td></tr> </table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Canchola, Liliana, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4404</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>120.00</td></tr></table>	120.00																			
120.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Canchola, Liliana, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4435</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>20.00</td></tr></table>	20.00																			
20.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
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Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>520.00</td></tr></table>	520.00																			
520.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cochran Fornear, Francis, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4405</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>120.00</td></tr></table>	120.00																			
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City Chicago State IL Zip Code 60606		Memo Item																				
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Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>380.00</td></tr></table>	380.00																			
380.00																						
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"><tr><td>260.00</td></tr></table>	260.00																			
260.00																						
TOTAL This Period (last page this line number only)..... ►		  <table border="1"><tr><td></td></tr></table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ettelson, William, ,</b>		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4406</b>			M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y															
10			06			2025																		
Mailing Address 1 South Wacker Drive		Amount of Each Receipt this Period <table border="1"><tr><td>300.00</td></tr></table>			300.00																			
300.00																								
City Chicago		State IL	Zip Code 60606	Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																						
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>1250.00</td></tr></table>			1250.00																			
1250.00																								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ettelson, William, ,</b>		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4437</b>			M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																		
Mailing Address 1 South Wacker Drive		Amount of Each Receipt this Period <table border="1"><tr><td>50.00</td></tr></table>			50.00																			
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City Chicago		State IL	Zip Code 60606	Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																						
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>1300.00</td></tr></table>			1300.00																			
1300.00																								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Fisher, Robert, ,</b>		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4407</b>			M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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10			06			2025																		
Mailing Address 1 S Wacker 36th Floor		Amount of Each Receipt this Period <table border="1"><tr><td>330.00</td></tr></table>			330.00																			
330.00																								
City Chicago		State IL	Zip Code 60606	Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																						
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>1375.00</td></tr></table>			1375.00																			
1375.00																								
SUBTOTAL of Receipts This Page (optional)..... ►		<table border="1"><tr><td>680.00</td></tr></table>			680.00																			
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TOTAL This Period (last page this line number only)..... ►		<table border="1"><tr><td></td></tr></table>																						

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
A. Fisher, Robert, , ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>11</td> <td></td> <td></td> <td>03</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																		
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C	55.00																							
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1430.00																								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
B. German, John, D., ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>10</td> <td></td> <td></td> <td>06</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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10			06			2025																		
Mailing Address 1 S Wacker Drive 36th Floor		Transaction ID : SA11AI.4408																						
City Chicago		State IL	Zip Code 60606	Amount of Each Receipt this Period																				
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C	240.00																							
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager	<table border="1"> <tr> <td><input type="checkbox"/> Memo Item</td> </tr> </table>		<input type="checkbox"/> Memo Item																			
<input type="checkbox"/> Memo Item																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00	Contribution																				
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
C. German, John, D., ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>11</td> <td></td> <td></td> <td>03</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																		
Mailing Address 1 S Wacker Drive 36th Floor		Transaction ID : SA11AI.4439																						
City Chicago		State IL	Zip Code 60606	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td colspan="5">40.00</td> </tr> </table>			C	40.00																		
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Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1040.00</td> </tr> </table>	1040.00	Contribution																				
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TOTAL This Period (last page this line number only)..... ►		<table border="1"> <tr> <td></td> </tr> </table>																						

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hartline, Richard, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4409</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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10			06			2025																
Mailing Address 1 S Wacker Drive 36th Floor		Amount of Each Receipt this Period  <table border="1"> <tr><td>240.00</td></tr> </table>	240.00																			
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City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hartline, Richard, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4440</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																
Mailing Address 1 S Wacker Drive 36th Floor		Amount of Each Receipt this Period  <table border="1"> <tr><td>40.00</td></tr> </table>	40.00																			
40.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1040.00</td></tr> </table>	1040.00																			
1040.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Johnson, Brian, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4410</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>150.00</td></tr> </table>	150.00																			
150.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>625.00</td></tr> </table>	625.00																			
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# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 27

(check only one)

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13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Johnson, Brian, , ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4441</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>25.00</td></tr> </table>	25.00																			
25.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>650.00</td></tr> </table>	650.00																			
650.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Koltun, Brandi, , ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4412</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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10			06			2025																
Mailing Address 1 South Wacker Drive		Amount of Each Receipt this Period  <table border="1"> <tr><td>300.00</td></tr> </table>	300.00																			
300.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1250.00</td></tr> </table>	1250.00																			
1250.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Koltun, Brandi, , ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4442</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																
Mailing Address 1 South Wacker Drive		Amount of Each Receipt this Period  <table border="1"> <tr><td>50.00</td></tr> </table>	50.00																			
50.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1300.00</td></tr> </table>	1300.00																			
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# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 27

(check only one)

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lewis, Desi, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4413</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
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10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>120.00</td></tr></table>	120.00																			
120.00																						
City Chicago		State IL Zip Code 60606																				
FEC ID number of contributing federal political committee.  <b>C</b>		Memo Item																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
500.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lewis, Desi, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4444</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>20.00</td></tr></table>	20.00																			
20.00																						
City Chicago		State IL Zip Code 60606																				
FEC ID number of contributing federal political committee.  <b>C</b>		Memo Item																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>520.00</td></tr></table>	520.00																			
520.00																						
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M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>140.00</td></tr></table>	140.00																			
140.00																						
City Chicago		State IL Zip Code 60606																				
FEC ID number of contributing federal political committee.  <b>C</b>		Memo Item																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>400.00</td></tr></table>	400.00																			
400.00																						
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"><tr><td>280.00</td></tr></table>	280.00																			
280.00																						
TOTAL This Period (last page this line number only)..... ►		  <table border="1"><tr><td></td></tr></table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		<input type="checkbox"/> 17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4415	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
10			06			2025																	
A. Montenegro, Ruben, , ,  Mailing Address 1 S Wacker Drive 36th FL  City Chicago State IL Zip Code 60606																							
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period  <table border="1"><tr><td>60.00</td></tr></table>	60.00																			
60.00																							
Name of Employer (for Individual) PLS Financial Services, Inc  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation (for Individual) Manager  Aggregate Year-to-Date ▼  <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4443	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
11			03			2025																	
B. Montenegro, Ruben, , ,  Mailing Address 1 S Wacker Drive 36th FL  City Chicago State IL Zip Code 60606																							
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period  <table border="1"><tr><td>10.00</td></tr></table>	10.00																			
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Name of Employer (for Individual) PLS Financial Services, Inc  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation (for Individual) Manager  Aggregate Year-to-Date ▼  <table border="1"><tr><td>260.00</td></tr></table>	260.00																			
260.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> Transaction ID : SA11AI.4416	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/		D	D	/	Y	Y	Y	Y													
10			06			2025																	
C. Olivas Granados, Roberto, , ,  Mailing Address 1 S Wacker Drive 36th FL  City Chicago State IL Zip Code 60606																							
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period  <table border="1"><tr><td>120.00</td></tr></table>	120.00																			
120.00																							
Name of Employer (for Individual) PLS Financial Services, Inc  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Occupation (for Individual) Manager  Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
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SUBTOTAL of Receipts This Page (optional)..... ►			<table border="1"><tr><td>190.00</td></tr></table>	190.00
190.00				
TOTAL This Period (last page this line number only)..... ►			<table border="1"><tr><td></td></tr></table>	

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
A. Olivas Granados, Roberto, , ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>11</td> <td></td> <td></td> <td>03</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
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11			03			2025																		
Mailing Address 1 S Wacker Drive 36th FL		Transaction ID : SA11AI.4445																						
City Chicago		State IL	Zip Code 60606	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td colspan="5">20.00</td> </tr> </table>			C	20.00																		
C	20.00																							
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	Memo Item																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td colspan="6">520.00</td></tr></table>	520.00						Contribution															
520.00																								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
B. Ostiguijn, Yesenia, , ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>10</td> <td></td> <td></td> <td>06</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y															
10			06			2025																		
Mailing Address 1 S Wacker Drive 36th FL		Transaction ID : SA11AI.4417																						
City Chicago		State IL	Zip Code 60606	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> <td colspan="5">180.00</td> </tr> </table>			C	180.00																		
C	180.00																							
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	Memo Item																					
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750.00																								
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt																						
C. Ostiguijn, Yesenia, , ,		<table border="1"> <tr> <td>M</td> <td>M</td> <td>/</td> <td>D</td> <td>D</td> <td>/</td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>11</td> <td></td> <td></td> <td>03</td> <td></td> <td></td> <td>2025</td> <td></td> <td></td> <td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y															
11			03			2025																		
Mailing Address 1 S Wacker Drive 36th FL		Transaction ID : SA11AI.4446																						
City Chicago		State IL	Zip Code 60606	Amount of Each Receipt this Period																				
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C	30.00																							
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	Memo Item																					
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780.00																								
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td colspan="6">230.00</td> </tr> </table>			230.00																			
230.00																								
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td colspan="6"></td> </tr> </table>																						

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		<input type="checkbox"/> 17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Pencille, David, , ,</b>			Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
10			06			2025																	
Mailing Address 1 S Wacker 36th Floor																							
City Chicago	State IL	Zip Code 60606																					
FEC ID number of contributing federal political committee.  <b>C</b>			<b>Transaction ID : SA11AI.4418</b>																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager	Amount of Each Receipt this Period  <table border="1"> <tr><td>240.00</td></tr> </table>	240.00																			
240.00																							
Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1000.00</td></tr> </table>	1000.00	Contribution																			
1000.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Pencille, David, , ,</b>			Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
11			03			2025																	
Mailing Address 1 S Wacker 36th Floor																							
City Chicago	State IL	Zip Code 60606																					
FEC ID number of contributing federal political committee.  <b>C</b>			<b>Transaction ID : SA11AI.4447</b>																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager	Amount of Each Receipt this Period  <table border="1"> <tr><td>40.00</td></tr> </table>	40.00																			
40.00																							
Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1040.00</td></tr> </table>	1040.00	Contribution																			
1040.00																							

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Preston, Andrea, , ,</b>			Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y														
10			06			2025																	
Mailing Address 1 S Wacker Drive 36th FL																							
City Chicago	State IL	Zip Code 60606																					
FEC ID number of contributing federal political committee.  <b>C</b>			<b>Transaction ID : SA11AI.4419</b>																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	Amount of Each Receipt this Period  <table border="1"> <tr><td>120.00</td></tr> </table>	120.00																			
120.00																							
Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>500.00</td></tr> </table>	500.00	Contribution																			
500.00																							

SUBTOTAL of Receipts This Page (optional)..... ►			  <table border="1"> <tr><td>400.00</td></tr> </table>	400.00
400.00				
TOTAL This Period (last page this line number only)..... ►			  <table border="1"> <tr><td></td></tr> </table>	

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
A. Preston, Andrea, , ,			
Mailing Address 1 S Wacker Drive 36th FL			11 03 2025
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
B. Rohlin, Robert, , ,			
Mailing Address 1 S Wacker Drive 36th FL			10 06 2025
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
C. Rohlin, Robert, , ,			
Mailing Address 1 S Wacker Drive 36th FL			11 03 2025
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)..... ►			25.00
TOTAL This Period (last page this line number only)..... ►			195.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rosero, Zabdi, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4421</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th Floor		Amount of Each Receipt this Period  <table border="1"><tr><td>240.00</td></tr></table>	240.00																			
240.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rosero, Zabdi, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4450</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th Floor		Amount of Each Receipt this Period  <table border="1"><tr><td>40.00</td></tr></table>	40.00																			
40.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>1040.00</td></tr></table>	1040.00																			
1040.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Serrano, Thomas, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4422</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>120.00</td></tr></table>	120.00																			
120.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>500.00</td></tr></table>	500.00																			
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SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"><tr><td>400.00</td></tr></table>	400.00																			
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TOTAL This Period (last page this line number only)..... ►		  <table border="1"><tr><td>400.00</td></tr></table>	400.00																			
400.00																						

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Serrano, Thomas, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4451</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>20.00</td></tr> </table>	20.00																			
20.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>520.00</td></tr> </table>	520.00																			
520.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sharer, Warren, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4423</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>120.00</td></tr> </table>	120.00																			
120.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sharer, Warren, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4452</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"> <tr><td>20.00</td></tr> </table>	20.00																			
20.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc.		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>520.00</td></tr> </table>	520.00																			
520.00																						
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"> <tr><td>160.00</td></tr> </table>	160.00																			
160.00																						
TOTAL This Period (last page this line number only)..... ►		  <table border="1"> <tr><td></td></tr> </table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Trombetta, Palmina, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4424</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>60.00</td></tr></table>	60.00																			
60.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Trombetta, Palmina, , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4453</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker Drive 36th FL		Amount of Each Receipt this Period  <table border="1"><tr><td>10.00</td></tr></table>	10.00																			
10.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>260.00</td></tr></table>	260.00																			
260.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tucker, Jennie E., , ,</b>		Date of Receipt  <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr></table> <b>Transaction ID : SA11AI.4425</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 South Wacker Drive 36th Floor		Amount of Each Receipt this Period  <table border="1"><tr><td>240.00</td></tr></table>	240.00																			
240.00																						
City Chicago State IL Zip Code 60606		Memo Item																				
FEC ID number of contributing federal political committee. <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
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310.00																						
TOTAL This Period (last page this line number only)..... ►		  <table border="1"><tr><td></td></tr></table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
A. Tucker, Jennie E., ,			
Mailing Address 1 South Wacker Drive 36th Floor			Transaction ID : SA11AI.4454
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
B. Uribe, Esthefanya, , ,			
Mailing Address 1 S Wacker Drive 36th FL			Transaction ID : SA11AI.4426
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
C. Uribe, Esthefanya, , ,			
Mailing Address 1 S Wacker Drive 36th FL			Transaction ID : SA11AI.4455
City Chicago		State IL	Zip Code 60606
FEC ID number of contributing federal political committee.			C
Name of Employer (for Individual) PLS Financial Services, Inc		Occupation (for Individual) Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional)..... ►			20.00
TOTAL This Period (last page this line number only)..... ►			180.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 27

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)	PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)
-----------------------------	--

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Wolfberg, Daniel, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4427</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker 36th Floor		Amount of Each Receipt this Period  <table border="1"> <tr><td>360.00</td></tr> </table>	360.00																			
360.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1500.00</td></tr> </table>	1500.00																			
1500.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Wolfberg, Daniel, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>11</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4456</b>	M	M	/	D	D	/	Y	Y	Y	Y	11			03			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
11			03			2025																
Mailing Address 1 S Wacker 36th Floor		Amount of Each Receipt this Period  <table border="1"> <tr><td>60.00</td></tr> </table>	60.00																			
60.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) Manager																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1560.00</td></tr> </table>	1560.00																			
1560.00																						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wolfberg, Robert, ,</b>		Date of Receipt  <table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>06</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <b>Transaction ID : SA11AI.4428</b>	M	M	/	D	D	/	Y	Y	Y	Y	10			06			2025			
M	M	/	D	D	/	Y	Y	Y	Y													
10			06			2025																
Mailing Address 1 S Wacker Drive		Amount of Each Receipt this Period  <table border="1"> <tr><td>360.00</td></tr> </table>	360.00																			
360.00																						
City Chicago		State IL	Zip Code 60606	Memo Item																		
FEC ID number of contributing federal political committee.  <b>C</b>		Contribution																				
Name of Employer (for Individual) PLS Financial Services		Occupation (for Individual) President																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <table border="1"> <tr><td>1500.00</td></tr> </table>	1500.00																			
1500.00																						
SUBTOTAL of Receipts This Page (optional)..... ►		  <table border="1"> <tr><td>780.00</td></tr> </table>	780.00																			
780.00																						
TOTAL This Period (last page this line number only)..... ►		  <table border="1"> <tr><td></td></tr> </table>																				

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 27

(check only one)

11a  11b  11c  12  
13      14      15      16      17

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A.</b> Wolfberg, Robert, , ,</p> <p>Mailing Address 1 S Wacker Drive</p> <p>City Chicago      State IL      Zip Code 60606</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual) PLS Financial Services      Occupation (for Individual) President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1560.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2025</p> <p><b>Transaction ID : SA11AI.4457</b></p> <p>Amount of Each Receipt this Period 60.00</p> <p><input type="checkbox"/> Memo Item</p> <p>Contribution</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b></p> <p>Mailing Address</p> <p>City      State      Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual)      Occupation (for Individual)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1560.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2025</p> <p>Amount of Each Receipt this Period 60.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b></p> <p>Mailing Address</p> <p>City      State      Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer (for Individual)      Occupation (for Individual)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1560.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2025</p> <p>Amount of Each Receipt this Period 60.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ►</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ►</p>		<p>60.00</p> <p>5720.00</p>

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

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

 FOR LINE NUMBER:  
 (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 24 OF 27

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NAME OF COMMITTEE (In Full)
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>A. Republic Bank</b>		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>10</td><td></td><td></td><td>15</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	10			15			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
10			15			2025																			
Mailing Address 2221 Camden St		FEC Identification Number																							
City Oak Brook		State IL	Zip Code 60523																						
Purpose of Disbursement Republic Maintenance Fee		Category/ Type																							
Candidate Name		<table border="1"><tr><td>C</td></tr></table> Transaction ID : SB21B.4429		C																					
C																									
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Other (specify) ▼</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼													
<input type="checkbox"/>	House																								
<input type="checkbox"/>	Senate																								
<input type="checkbox"/>	President																								
<input type="checkbox"/> Primary	<input type="checkbox"/> General																								
<input type="checkbox"/> Other (specify) ▼																									
State:	District:	Amount of Each Disbursement this Period 33.75																							
Full Name (Last, First, Middle Initial)		Memo Item																							
<b>B. Republic Bank</b>		Date of Disbursement																							
Mailing Address 2221 Camden St		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>04</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	11			04			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
11			04			2025																			
City Oak Brook		FEC Identification Number																							
Purpose of Disbursement iStream Maintenance Fee		<table border="1"><tr><td>C</td></tr></table> Transaction ID : SB21B.4464		C																					
C																									
Candidate Name		Amount of Each Disbursement this Period 0.13																							
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Other (specify) ▼</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼													
<input type="checkbox"/>	House																								
<input type="checkbox"/>	Senate																								
<input type="checkbox"/>	President																								
<input type="checkbox"/> Primary	<input type="checkbox"/> General																								
<input type="checkbox"/> Other (specify) ▼																									
State:	District:	Memo Item																							
Full Name (Last, First, Middle Initial)		Date of Disbursement																							
<b>C. Republic Bank</b>		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>11</td><td></td><td></td><td>13</td><td></td><td></td><td>2025</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	11			13			2025				
M	M	/	D	D	/	Y	Y	Y	Y	Y															
11			13			2025																			
Mailing Address 2221 Camden St		FEC Identification Number																							
City Oak Brook		State IL	Zip Code 60523																						
Purpose of Disbursement Republic Maintenance Fee		<table border="1"><tr><td>C</td></tr></table> Transaction ID : SB21B.4465		C																					
C																									
Candidate Name		Amount of Each Disbursement this Period 35.33																							
Office Sought:	<table border="1"><tr><td><input type="checkbox"/></td><td>House</td></tr><tr><td><input type="checkbox"/></td><td>Senate</td></tr><tr><td><input type="checkbox"/></td><td>President</td></tr></table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:	<table border="1"><tr><td><input type="checkbox"/> Primary</td><td><input type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Other (specify) ▼</td><td></td></tr></table>	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼													
<input type="checkbox"/>	House																								
<input type="checkbox"/>	Senate																								
<input type="checkbox"/>	President																								
<input type="checkbox"/> Primary	<input type="checkbox"/> General																								
<input type="checkbox"/> Other (specify) ▼																									
State:	District:	Memo Item																							
SUBTOTAL of Disbursements This Page (optional)..... ►																									
69.21																									
TOTAL This Period (last page this line number only)..... ►																									

# SCHEDULE B (FEC Form 3X)

## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Republic Bank</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 12 03 2025	
Mailing Address 2221 Camden St		FEC Identification Number <input type="text"/> C Transaction ID : SB21B.4466	
City Oak Brook		State IL	Zip Code 60523
Purpose of Disbursement iStream Maintenance Fee		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		
Full Name (Last, First, Middle Initial)		Amount of Each Disbursement this Period <input type="text"/> 0.38	
<b>B. Republic Bank</b>		<input type="checkbox"/> Memo Item	
Mailing Address 2221 Camden St		Date of Disbursement <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 12 15 2025	
City Oak Brook		State IL	Zip Code 60523
Purpose of Disbursement Republic Bank Maintenance Fee		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		
Full Name (Last, First, Middle Initial)		Amount of Each Disbursement this Period <input type="text"/> 34.58	
<b>C.</b>		<input type="checkbox"/> Memo Item	
Mailing Address		Date of Disbursement <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y	
City		State	Zip Code
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		
SUBTOTAL of Disbursements This Page (optional)..... ►		<input type="text"/> 34.96	
TOTAL This Period (last page this line number only)..... ►		<input type="text"/> 104.17	

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

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

 FOR LINE NUMBER:  
 (check only one)

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 21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)
PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)

Full Name (Last, First, Middle Initial)				Date of Disbursement
<b>A. FRIENDS OF JOHN BARRASSO</b>				<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 07 2025
Mailing Address P.O. BOX 52008				FEC Identification Number
City CASPER		State WY	Zip Code 82605	<input type="text"/> C C00436386 Transaction ID : SB23.4460
Purpose of Disbursement Contribution				Amount of Each Disbursement this Period
Candidate Name				<input type="text"/> 1000.00
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:			
Full Name (Last, First, Middle Initial)				Date of Disbursement
<b>B. SCOTT FITZGERALD FOR CONGRESS</b>				<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 27 2025
Mailing Address PO BOX 484				FEC Identification Number
City OCONOMOWOC		State WI	Zip Code 53066	<input type="text"/> C C00720011 Transaction ID : SB23.4431
Purpose of Disbursement Contribution				Amount of Each Disbursement this Period
Candidate Name SCOTT FITZGERALD FOR CONGRESS				<input type="text"/> 2000.00
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	WI	District:	05	
Full Name (Last, First, Middle Initial)				Date of Disbursement
<b>C. TEAM HILL</b>				<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 11 10 2025
Mailing Address PO BOX 7244				FEC Identification Number
City LITTLE ROCK		State AR	Zip Code 72217	<input type="text"/> C Transaction ID : SB23.4463
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name TEAM HILL				<input type="text"/> 10000.00
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:			
SUBTOTAL of Disbursements This Page (optional)..... ►				<input type="text"/> 13000.00
TOTAL This Period (last page this line number only)..... ►				<input type="text"/>

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

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

 FOR LINE NUMBER:  
 (check only one)

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 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**PLS FINANCIAL SVCS INC GOOD NEIGHBOR POLITICAL ACTION COMMITTE (PLS GOOD NEIGHBOR PAC)**

Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>A. TEAM HUDSON</b>			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address 824 S MILLEDGE AVE, STE 101			<input type="text"/> 10 <input type="text"/> 01 <input type="text"/> 2025
City ATHENS		State GA	Zip Code 30605
Purpose of Disbursement Contribution			<input type="checkbox"/>
Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/>	District: <input type="checkbox"/>		
Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>B.</b>			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address			<input type="text"/> C C00548818
City		State	Zip Code
Purpose of Disbursement			<input type="checkbox"/>
Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/>	District: <input type="checkbox"/>		
Full Name (Last, First, Middle Initial)			Date of Disbursement
<b>C.</b>			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address			<input type="text"/> C
City		State	Zip Code
Purpose of Disbursement			<input type="checkbox"/>
Candidate Name			Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <input type="checkbox"/>	District: <input type="checkbox"/>		
SUBTOTAL of Disbursements This Page (optional)..... ►			<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)..... ►			<input type="text"/> 15000.00